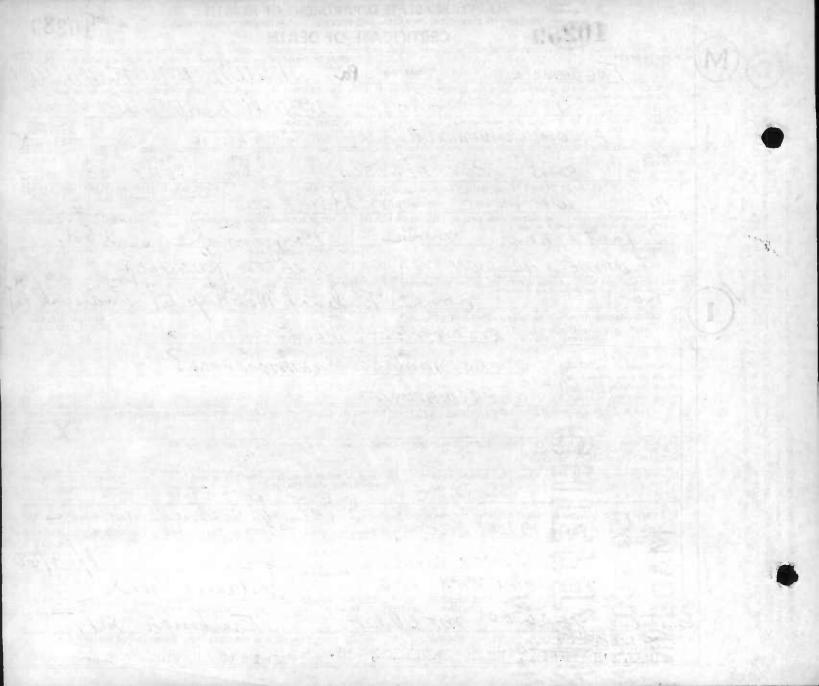
CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) , PLACE OF DEATH o. COUNTY MARYLAND REDERICK b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Frederick d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARMT OR INSTITUTION REDERICK MEMORIAL Street 384 YES NO [ NAME OF Middle 4. DATE Last Month Day Year DECEASED OF DEATH ALLISON (Type or print) 1960 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ond 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicio 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. event, attending ( no please any 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH 5 PART I. DEATH WAS CAUSED BY ESPIRATORY IMMEDIATE CAUSE (o) DUE TO MAGE - HEMMORNHAGO permit. Conditions, if ony, which gned gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NOF 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m 21. I certify that (1) (this haspital) attended the deceased fram. 23 JEP 1960, to 23 JEPC, 1960, that (1) Fred last \_\_19\_60 and that death accurred at 9 k, M, from the causes and an the date stated above. saw the deceased alive an 23 DIRECTOR: 22o. SIGNATURE M.D. PHYS. MED. 22c. PHYSICIAN'S 22d. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23o. BURIAL CREMATION, 23b. DATE THEREOF (Stote) DIRECTOR'S SIGNATURE **ADDRESS** 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR FREDERICK. Md. HOME DATESEP 2 8 '60 arthur & Krains 15M 9/59



after deoth. Page 4 he funeral director, should be filed with TO HOSPITA.

RATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 the State Board at Health priar to burial, cremation, or removal, and in any event. 10260

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10240

17	o. COUNTY Fr	ederick	MAI	RYLAND	a. STATE Maryla	nd b	COUNTY	Freder	ick	ianj
	b. CITY OR TOWN (I RURAL and give no Frederick	f autside carporate limits, earest tawn)	vrite c. LENGTH OF STA		c. CITY OR TOWN (If o		its, write RUF	RAL and give s	nearest town	1)
	d. NAME OF HOSPIT	AL (If not in haspitat, give Memorial Ho	street address)		d. STREET ADDRESS 358 Eas	st Third	Street			FARM?
3.	NAME OF DECEASED (Type or print)	First MARY	Midd ANN	le	ANDREWS	4. DATE OF DEATH	Month Sep	tember	/_	Year 19 <b>60</b>
5.	Female	900 0 1	MARRIED NEVER MAR		DATE OF BIRTH	- lout		F UNDER 1 YE.	-	ER 24 HR
	House-wo:	king life, even if retired)	at Home		Cologne,	Germany		12. CITIZEN USA	OF WHAT C	OUNTRY
13	Unknown				14. MOTHER'S MAIDEN N	NAME				
		R IN U. S. ARMED FORCE IIF yes, give wor or dates of serving			eph C. Andre	ws (Same	as it			2 1
CEPTIFICATION	Canditions, if a gave rise to i cause (a), stating lying cause lost.  PART II. OTI  20a. ACCIDENT W. OR CONTRIBUTING	mmediate the under- the significant conditions  mmediate the under- (c)	tions <u>contributing to e</u> b. describe how injury					N IN PART 1(o	19. WAS PERFO YES	RMED?
MEDICAL CE		MEDICAL EXAMINER) RY Month, Day, Year 19	20d. INJURY OCCURRED While Not while at work at wark	20e. PLAC facta	E OF INJURY (Hame, form ry, street, affice bldg., etc	n, 20f. (City or tow	n)	(Caun	ly)	(State
		at (1) (this haspital) of sed alive an2=	attended the decease	d fram. S	19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	AM, fram the c		_, 19_6 &		
	220. SIGNATURE	7	Storn	м.		ED. STA		2 S	ept 15	6 DATE
	JA.	venon 9		1111		RECTOR L PHY	S. 🔲		-F	
	22c. PHYSICIAN'S NAME (Type)	Thomas E. St	one, M. D.		22d. ADDRESS	St., Fred				

VR A1S (4) 15M 9/S9

DESCRIPTION OF THE PROPERTY OF	17430 10 174		19261	
			10210000	
		* HT1 81		
		2.449		
E I statement			12.00	
				o Ihan 4
	go leser , mortage in			-
	accept to represent the second			
	The Confession of the Confessi			
Sept 1940				
1	at to		ods epcodf	
bool grad children				
	Un mass of both	gradericale, Mary	. not is nomino	

crematian,

after death.

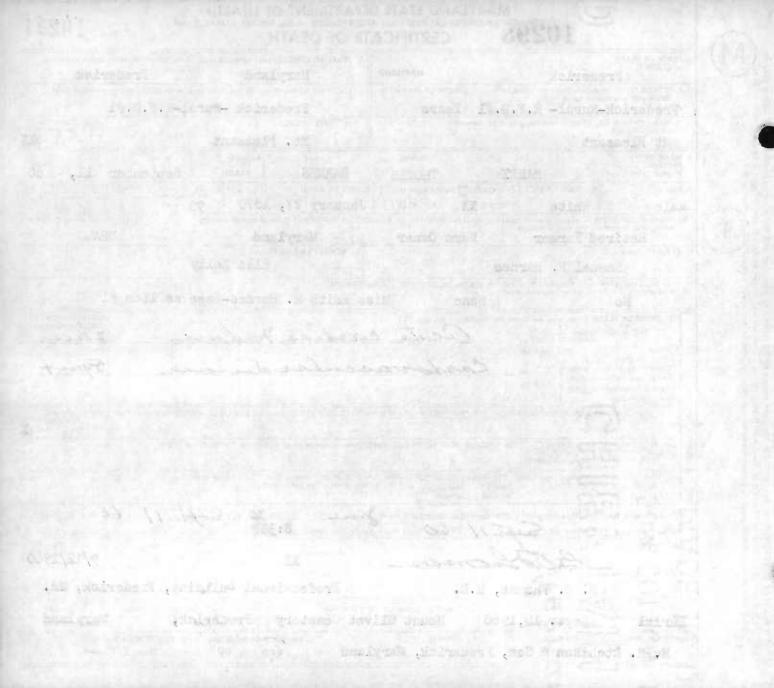
### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10041

DATE SEP 1 3 '60

		1029	18	CERTIFIC	ATE	OF DEATH	1				144	gri
	PLACE OF DEATH	ederick		MARYLAN		USUAL RESIDENCE (W		l lived. If insti b. COUN				ion)
	b. CITY OR TOWN (If	f outside corporate lim	its, write c. L	ENGTH OF STAY IN	1b	c. CITY OR TOWN (IF	outside corpor	rote limits, writ	e RURAL ond	give nec	arest town	1)
		Rural - R.I	F.D.#1	Years	٦.	Frede	erick -	Rural-F	R.F.D.#	1		
	d. NAME OF HOSPITA	AL (If not in hospital, s	give street oddre	rss)		d. STREET ADDRESS					e. IS RESI	IDENC!
	Mt Pleasa	ant				Mt. I	Pleasan	t			YES	
	NAME OF DECEASED (Type or print)	Fii HAI		Middle THOMAS		BARNES	4. DATE OF DEATH	-	Month eptembe	po r ]	_	19 <b>60</b>
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	□ B. C	ATE OF BIRTH		9. AGE (In year		Days	Hours	R 24 H
l	lale	White	WIDOWED	DIVORCED	] J	anuary 27,	1870		rrs.	Days	riours	Min
10c	during most of work	N (Give kind of work ing life, even if retired ed Farmer	)	OF BUSINESS OR I	NDUSTRY	Maryla		ountry)		USA	FWHATC	OUNTR
13.	FATHER'S NAME	nuel F. Bar	mes		1	4. MOTHER'S MAIDEN	Ella K	elly				
		R IN U. S. ARMED FOR If yes, give wor or dates of			7. INFO	RMANT Edith M. F	Barnes-		ddress Item	#1		
	18. CAUSE OF DEA	TH [Enter only one co	ouse per line for					1			ERVAL BE	
	PART I. DEA	TH WAS CAUSED BY:	) (	icute	20	rediac	Fail	me		2	hers	L.
	499	DUE TO										
	Conditions, if or			rdov	us	oular	die	cour.	-	51	yre	+
	gove rise to in couse (o), stoting I lying couse lost.								40			
CATION	PART II. OTH	ier significant con	IDITIONS CONT	RIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	MINAL DISEASI	E CONDITION	GIVEN IN PAR	IT 1(o) 1	PERFO YES	RMED?
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCU	JRRED. (I	Enter noture of injury in	Port I or Port	I II of item 1B.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Ye	While of work	Not while		OF INJURY (Home, far , street, office bldg., et		or town)	(1	County)		(Sto
		t (I) (this hospita ed alive an				th accurred a			11, 19.6 and an the			
	22o. SIGNATURE	300	Los	reces	M.D	ATTENDING		STAFF PHYS.		700	/12/]	b. DATE
	22c. PHYSICIAN'S NAME (Type)	B. O. The	mas, M.	D•		22d. ADDRESS Profession	onal Bu	ilding	, Frede	rie	k, Me	d.
230	BURIAL, CREMATIO	Sept. 14		Mount O		rematory t Cemetery		ION (City, tow lerick,	rn, or county)		ryla	
24.	FUNERAL DIRECTOR'S	s signature chison & S	on, Free	ADDRESS derick, Ma	ryla		EP 1 3 '6		EGISTRAR'S SI			

TO HOSPITA



VR A15 (4) 1SM 9/59

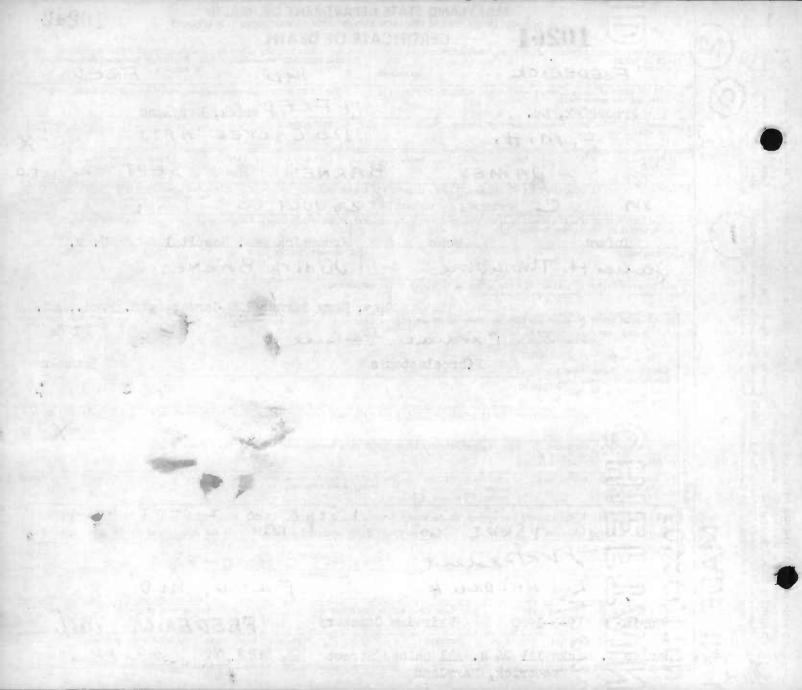
by

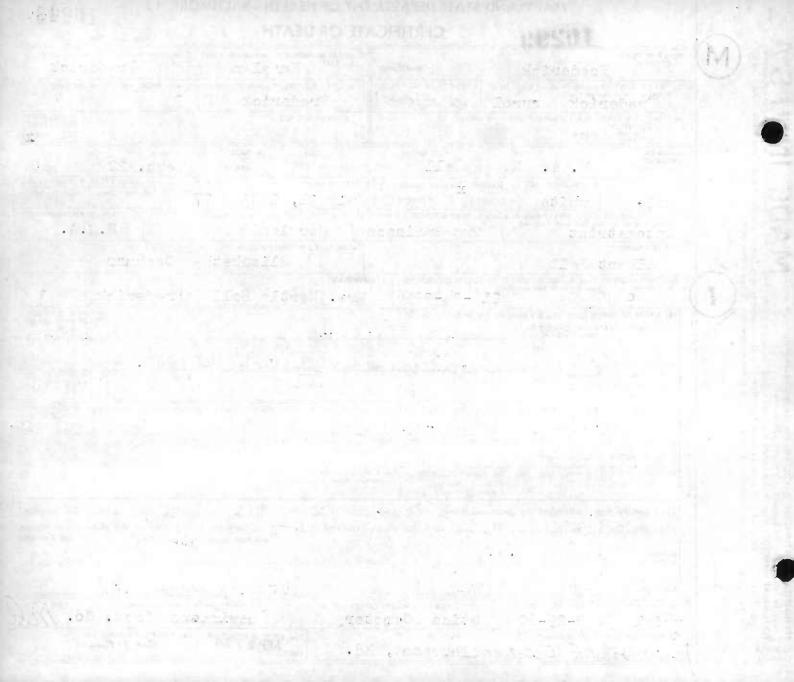
within 24 hours

that the deoth certificate be executed

Frederick, Maryland

anthon & Knows





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

. . . grant from the first the second of the secon Die Tie Cana ente  director

2

filled

physicio

ottending please

by

certificote buriol, SO

DIRECTOR

should

page the Sta

py

HOSPIT FUNER m

use

be

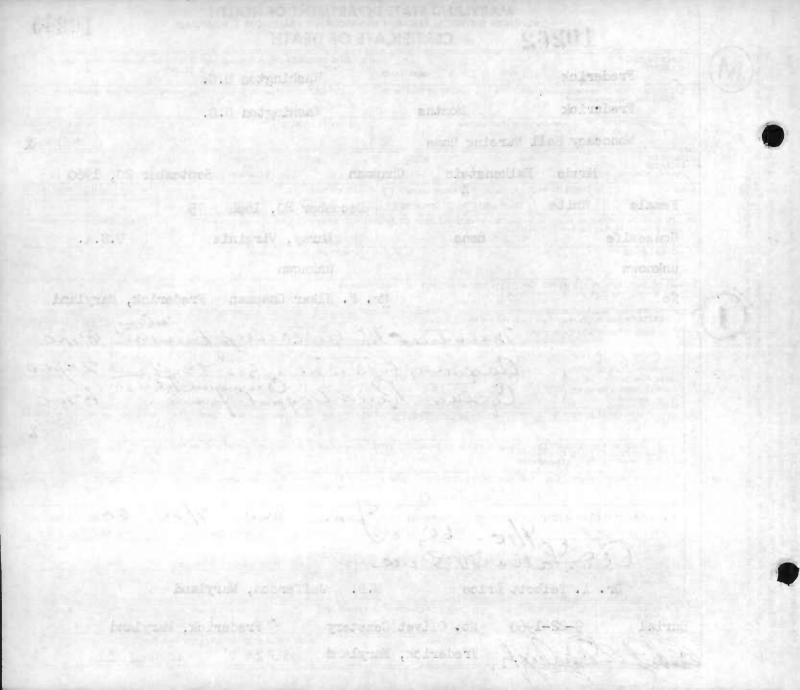
death. 0

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

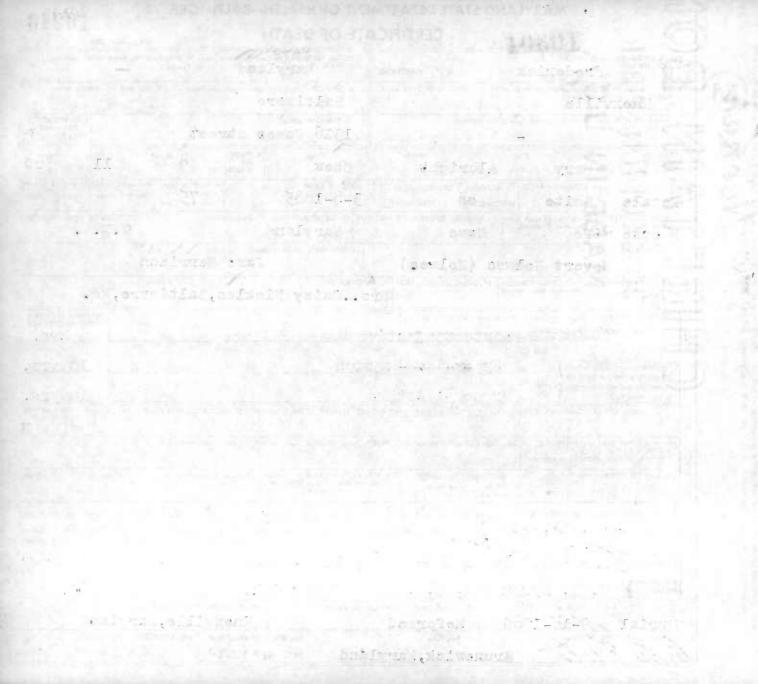
10262 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY o. STATE b. COUNTY MARYLAND Frederick Washington D.C b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town Frederick Months Washington D.G. d. NAME OF HOSPITAL (If not in hospital, give street address) IS RESIDENCE d. STREET ADDRESS OR INSTITUTION Monocacy Hall Nursing Home YES NO NAME OF Middle 4. DATE Last Month Day Year DECEASED Manda Falkenstein (Type or print) Charman DEATH September 20. 1960 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 9. AGE (In years IF UNDER 1 YEAR! IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months Days Min. Female White DIVORCED | WIDOWED | December 20, 1884 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Luray, Virginia U.S.A. Housewife none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown unknown 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address No Mr. F. Wlker Chapman Frederick, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS WAS AUTOPSY PERFORMED? YES NO K 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II ar Part II af item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour Q. m. While Not while at work ot work p. m. 196 Othat (1) (we) last 23. I certify that (I) (this haspital) attended the deceased from saw the deceased alive on and that death occurred at \_\_\_\_\_M, from the causes and an the date stated above. 22a. SIGNATUR 22b. DATE SIGNED ATTENDING MED. DIRECTOR 62 M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) A. Talbott Brice Jefferson, Maryland M.D 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Mt. Olivet Cemetery Buria Frederick. Maryland DIRECTOR'S SUSNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Frederick, Maryland DATESEP 2 6 '60 arihung & Traus

VR A15 (4) 1SM 9/59



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO HOSPITAL VS A15 (4) 1SM 9/5B

	10304	CERTIFIC	AIE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE (WE o. STATE Maryl		itution: Residence before admission)
b. CITY OR TOWN RURAL and give	(If outside corporate limits, wr negrest town) FILLE	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF of Baltimor		te RURAL ond give nearest town)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give st	reet address)	d. STREET ADDRESS 1318 Jame	s Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Mary First	Albright Middle	Chew	4. DATE OF DEATH 9	Month 11 Pay Yea 60
5. SEX Fomalo	0.007 0.0	MARRIED NEVER MARRIED OWED DIVORCED	8. DATE OF BIRTH 3-8-1885	9. AGE (In yer last pint)	ors IF UNDER 1 YEAR IF UNDER 24 HR: y) Months Doys Hours Min.
10a. USUAL OCCUPATI during most of wo	rking life, even if retired)	HOME	JSTRY 11. BIRTHPLACE (State  Maryland		U.S.A.
13. FATHER'S NAME	Nevert Hodime	s (Holmes)	14. MOTHER'S MAIDEN N	Jane Harri	son
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		INFORMANT		Address imore, Md.
Conditions, if a gave rise to cause (a), stating lying cause lost	DUE TO  cany, which immediate the under. but TO  (c) B:	cute Congestion Hypersion ten	asion		6 hrs.  10 yrs.  10 yrs.  GIVEN IN PART 1(0) 19. WAS AUTOPS
20g. ACCIDENT W	'AS UNDERLYING ☐ 20b.	DESCRIBE HOW INJURY OCCURRI			PERFORMED? YES NO
20c. TIME OF INJU Haur o. m. p. m.	w w		LACE OF INJURY (Home, farm actory, street, office bldg., etc		(County) (State
21. I certify to alive on Se	hat I attended the dec	eased fram Feb 12 9 60 , and that death	h accurred at 5:0		
PHYSICIAN'S NAME (Type)	C. T. Byron	Kao, M.D.	Brunswi	ck,	Md.
22a. BURIAL, CREMATIC REMOVAL (Specify Burial		22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, tow Knoxville	vn, ar county) (Stote)  , Maryland
23. FUNERAL DIRECTOR		ADDRESS · runswick, Mary.		D BY REGISTRAR 24b. RI	EGISTRAR'S SIGNATURE Circling S. Krima



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	10263	2	CERTI	IFICATE	OF DEATH				10~	
o. COUNTY Fre	derick		MAI	RYLAND 2.	o. STATE Maryla		lived. If institution b. COUNTY	rede		sion)
Frederic	k		Since-19		c. CITY OR TOWN (IF of Freder		rate limits, write RI	URAL and giv	e nearest lov	n)
d. NAME OF HOSE OR INSTITUTION 240 D111	ITAL (If not in hospital, and the Avenue	give street ac	ddress)		d. STREET ADDRESS 240 Di	ll Ave	enue		ON	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	Fi MAR	IA.	Midd CELES		DARKIS	4. DATE OF DEATH	Mon Se	n ptembe	Day	Year 19 <b>60</b>
Female	6. COLOR OR RACE White	7. MARRIE	D NEVER MAR		DATE OF BIRTH		9. AGE (In years lost birthday) 4 yrs.	Months D	YEAR IF UNITED HOURS	1
Oa. USUAL OCCUPAT during most of wo HOUSE-WO	ION (Give kind of work trking life, even if retired	done 10b. Ki	IND OF BUSINESS  Home	OR INDUSTRY	Maryland		untry)	USA	N OF WHAT	COUNTR
3. FATHER'S NAME Gideon R	. Wachter			1	4. MOTHER'S MAIDEN I					
(Yes, no, or unknown)	'ER IN U. S. ARMED FOI (If yes, give war or dates of	RCES? 16. SC	None		rmant lerick R. Da	rkis	3010 Sur Durham,	_	ad,	
	EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (c	. Cer	for (a) (b), and the colored	he	more he	ege			INTERVAL E	
PART I. DI Conditions, if gove rise to cause (o), statin lying cause los	ony, which immediate g the under-	a Per	relial secution	I by	Mars he furtences	ru	E CONDITION GIV	EN IN PART I	ONSET AND TO SET AND T	AUTOPS ORMED?
PART I. DI Conditions, if gove rise to cause (o), statin lying cause los PART II. O  PART II. O  CONTRIBUTION (IF EITHER, NOTHE	ony, which immediate g the under-	D) CO	relial  5 * Entre	I by DEATH BUT NO	fertence	INAL DISEASE		VEN IN PART I	ONSET AND TO SET AND T	AUTOPS
PART I. DI Conditions, if gove rise to cause (o), statin lying cause los	ATH WAS CAUSED BY: IMMEDIATE CAUSE (  DUE TO  ony, which immediate g the under- (  THER SIGNIFICANT CON  VAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  IRY Month, Day, Ye	DO DESCR	ontributing to a	DEATH BUT NO	per leusces	INAL DISEASE Part I or Part	t II of item 18.)		ONSET AND TO SET AND T	AUTOPS ORMED?
18. CAUSE OF D PART I. DI Conditions, if gove rise to cause (o), statin lying cause los PART II. O PART II. O OR CONTRIBUTIN (IF EITHER, NOTIF Hour o. m p. m  21. I certify th	ATH WAS CAUSED BY: IMMEDIATE CAUSE (  DUE TO  ony, which immediate g the under.  THER SIGNIFICANT COM  VAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  JRY Month, Day, Ye  inter (I) (this haspital ased alive an	20b. DESCR	ONTRIBUTING TO DE  RIBE HOW INJURY  JURY OCCURRED  Not white  at work  at the decease  3. 19.60 ar	DEATH BUT NO  OCCURRED. (E  20e. PLACE foctory	Enter nature of injury in OF INJURY (Home, farr, street, office bldg., etc.	Part I or Part  1. 20f. (City  1. 1a  M, fram  ED.  RECTOR   INAL DISEASE	or town)  the causes an	(Co 19.6) ad an the	ONSET AND TO SET AND T	AUTOPS ORMED? NO.

			Eas91	
		030 - 130 L	do timore.	
			estroys Link con	
Jan Jan Jan				
	16 274.1 400 74.1		estin cima	
				TO X
			Vedfina L. Taobki	
τ	You anywa . I is bearing			
	and the same			
		Partie 120		
		15 60		
		983	Titles Tilles	
	e. on decrease W 553		Called C. Thousand	
Sandy St.		va.Se Japan	08-1-E 75-04	
	17 1 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	rederion, Mary		

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10264

23. FUNERAL DIRECTOR'S SIGNATURE

M. R. Etchison & Son, Frederick, Maryland

CERTIFICATE OF DEATH

10248 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Frederick Marvland Frederick b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Frederick 30 Min. liamsville-Rural d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? or institution. Frederick emorial Fountain Mills YES INO NAME OF First Middle 4. DATE Month Day Year MAY DEATH (Type or print) LIII.A DAVIS September 19.1960 6. COLOR OR RACE 7. MARRIED KINEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Dovs DIVORCED T March 19, 1881 WIDOWED | Female White 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) House-work At Home Kentucky USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rev. James H. Balter Carolime Wiggington 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No Mr. E. Carl Davis- Same as tem #2 None 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c), INTERVAL BETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? YES NO TA 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) 0. m While Not while of work of work p. m 21. I certify that I attended the deceased from 19.60, that I last saw the deceased and that death accurred at 2:10 F. M. from the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL East Church Street PHYSICIAN'S Frederick, Maryland A.A. Pearre NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Sept .22.1960 Frederick. Buria Mount Olivet Cemetery Maryland

240. REC'D BY REGISTRAR

DATESEP 2 2 '60

24b. REGISTRAR'S SIGNATURE

arillar S. Kraus

era 2 COL physicic remove attending ā burial-transit should FUNER page 0

VS A15 (4) 15M 9/55

I

TO DEPUTY FOICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is execute the lifticate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the fune 4 should be farworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relain TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State of or its designated agent, prior to burial, cremotian, ar removal, and in any event within 72 hours after death.

V\$. A1SME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1026 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		.1	()	~	4
Rea.	Dist.	No.			

1.	PLACE OF DEATH	Frederick		MARY		2. USUAL RESIDEN	NCE (Where dec		If institu			fore odm rick	
	b. CITY OR TOWN (If and give nearest fown)  Frederick	outside corporate fimile, write RUR	at c. ti	Hours	IN 1b	CITY OR TOV	NN (If outside o				nd give n	egresi lo	wn)
7		Memorial Ho		give street addres	55)	d. STREET ADDR	ress ant Gre	ve				ON	A FARM?
3	NAME OF DECEASED (Type or print)	First MAUD		Middle ETHEL		DAVIS	4. DATE OF DEAT		Monit	_	Doy 8		fear 9 60
1	sex Female		DOWED [	DIVORCED	□ De	ate of Birth		9. AGE	(In years thday) yrs.	Months	R 1YEAR Days	Hours	Min.
10	during most of working MOUSE—WO	ON (Give kind of work done g life, even if retired)	10b. KIND C	At Home	INDUSTRY	11. BIRTHPLACE	(Stote or foreig	n country)		12. CI	TIZEN O	F WHAT	COUNTRY
1	3. FATHER'S NAME	h Watkins			1	4. MOTHER'S MAI	den name a Linth	icum					
		ER IN U. S. ARMED FORCES (If yes, give wor or dates of servic	e) le	14-2369		Edgar W.	Davis	-Same	as I	tem	#2		33
3	Conditions, if or gove rise to immed (o), stating the ucouse lost.	DUE TO  Ty, which (b)  Inderlying DUE TO	Fractu Fractu Fractu	red Skul red Pelv red Righ	is an	A	n Both	Sides	TION GIV	'EN IN PA		P. WAS	urs
Menical Centicidation	20c. TIME OF INJUR		20d. INJURY While of work	OCCURRED Not while of work	De. PLACE foctory	or noture of injury with a OF INJURY (Home , street, office blde lighway	auto g., form, 20f. (0 g., etc.)		ent	fre	ounly)	YES	(State)
	opinion death  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)	BOH.  3. 0. Themas,	urol cause	s []. Accid	dent 🛣	A.D. CHIEF MEDIC ASSISTANT A	, Homicion CAL EXAMINER MEDICAL EXAMINE	de [],	Undete	rmined	monne	er 🗌	SIGNED
	20. BURIAL, CREMATIO REMOVAL (Specify) BURIAL	Sept.12,19	60 Mo	unt Oliv				reder		or county)		aryl	
2	M. R. Etc	s signature hison & Son,		rick, Ma	rylar		REC'D BY REG		4b. REGIS	TRAR'S S		-	

glatenhout henriquel		ICE WAY TO THE TOTAL THE T
		No inches
		AND CONTRACTORS
To the many - survenity	8 Tours	Spire Bert
즐겁는 것이 없으니까 그 경기에 선터에 있다.		No. Calus and Spirater to
The state of the s		
		92509 NA
tank pal		Avoil- and I
modernia alias		ancistal risks
The state of the s	[ - 11 6 CS-1 - 55B	
nou 3 la septimentation de setti i	dat-Liuis bernenn hun miriot bernenn markunen hind barrenn	
40		

Poge

death.

haurs

proved a Maria Contractor of the Contractor of t me of the path of the sould proceed The state of the s

VR A15 (4) 15M 9/59

MA	RYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF	STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND
10266	CERTIFICATE OF DEATH

1	a. COUNTY	rederick		MARYLA		o. STATE	(Where decease	b. COUNTY		e before	odmission)	
	b. CITY OR TOWN ( RURAL ond give n Frederi		ts, write	c. LENGTH OF STAY IN	N 16	c. CITY OR TOWN	(If autside carpe ederick	orate limits, write R	URAL and g	ive neares	t town)	
7	OR INSTITUTION	TAL (If not in hospitol, g				d. STREET ADDRES		Church S	treet		ON A FARA	N3
3.	NAME OF DECEASED	Fir	-	Middle AGUSTI		Last EWING	4. DATE OF DEATH	Man		Day 27.	Year 19 6	0
5.	(Type or print)  SEX  Female			RIED NEVER MARRIED	В. [	DATE OF BIRTH		9. AGE (In years last birthdoy) yrs.		1 YEAR IF	UNDER 24	-
	Da. USUAL OCCUPATI	king life, even if retired	dane 10b.	KIND OF BUSINESS OR At Home		11. BIRTHPLACE (S	state ar foreign (	Draw to the second	12. CITI	USA	HAT COUN	TRY?
	Peter	Boyson	cran la .			Isad	ora Mo		W		Q.L.	
	Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s	ervice) N	one	Mrs.	Helen E.	Hursey	1190 Ne Frederi				90
CENTELCATION	Conditions, if c gave rise to couse (o), stoting lying cause last.	the <u>under-</u> DUE TO	)	CONTRIBUTING TO DEAT			ERMINAL DISEA:		VEN IN PART	ONSET 18	WAS AUTO PERFORMED ES NO	PSY O?
MEDICAL CENTER		AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Doy, Yee  19	or 20d. I	CRIBE HOW INJURY OCCURRED  NJURY OCCURRED  Nat while  at wark	Oe. PLACE	OF INJURY (Hame, y, street, office bldg.	farm,   20f. (Cit		(C	aunty)	(S	itote)
	21. I certify the		1	led the deceased f		ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF	nd an the	date st	22b. DAT	ove.
	3g. BURIAL, CREMATIC REMOVAL (Specify Burial 4. FUNERAL DIRECTOR	Sept.29,		23c. NAME OF CEMET Frederick ADDRESS		orial Park	Fre	ATION (City, tawn, derick,		Mary.	(Stote)	
			, Fre	derick, Mar	yland		SEP 2 8 '6	io an	Uhun S.			

alad-marks No. migrati The fact the structure from the court of the Carried to Company of the Company of

> ино? Бильноск the data is the state of the st

A COMPANY OF THE PARTY OF THE P Mine when it diseases the second the different

uniform to deliver the second second second to the second second to the second second to the second second

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH

e. IS RESIDENCE ON A FARM?

U.S.A.

(County)

19.60, that (1) (we) last

Frederick.

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO M

(Stote)

22b. DATE SIGNED

YES NOXX

Yeor

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Frederick MARYLAND Maryland Frederick b. CITY OR TOWN (If outside corporale limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b RURAL and give negrest town Frederick Frederick d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS 200 West Patrick Street West Patrick Street 4. DATE NAME OF Middle Month DECEASED September 2, 196019 Faust DEATH (Type or print) Charles IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED lost birthdoy) Months DIVORCED | Mala White WIDOWED [ 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) Pennsylvania Motel Owner FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unk. Peter C. Faust 17. INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 238 W. Patrick St. Fred. Md. Mrs. Emma E. Faust 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Doy, Year foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m 21. I certify that (I) (this haspital) attended the deceased fram\_ 19.60 and that death accurred at 445M, from the causes and an the date stated above. saw the deceased alive an. 22o. SIGNATURE ATTENDING MED. DIRECTOR M.D. PHYS. 22c. PHYSICIAN 22d. ADDRESS NAME (Type Rex Martir 220 North Market Street M.D.

23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial

23c. NAME OF CEMETERY OR CREMATORY Mt. Vernon

Frederick, Maryland

**ADDRESS** 

23d. LOCATION (City, town, or county) McKeysport, Pa.

250. REC'D BY REGISTRAR DATSEP 6

25b. REGISTRAR'S SIGNATURE Chillian & Firmer

VR A15 (4) 1SM 9/S9

DIRECTOR

age St

Filed

pe

hauld

Pages

Car

haurs

halvel "	aloui de bess
notrated	Pareciary, nic
ri dani tas BES	Ventile all have the letter - 859
deusi	a seluro
MED AL TOTAL	The second section of the
et un cynnor	Same Index
	Tamer C. Fames
en in service in the latest than the	nioreis son ser

Preferior Carplant

carried the same

AAAA.

. D. W. . H. To battle . T

VR A1S (4) 15M 9/59

		0
260-	director,	-
-	uneral	ld be fi
5	ne f	2 shou
	.E	Owo
control of executed within 24 months of the control	physician and completely filled in the funeral director,	emove carbon papers. Pages 1 and 2 should be filed with
2000	comple	papers
מ	ono	bon
0000	hysician	nove car
-	0	40

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	10269	3	CERTIF	ICATE	OF DEATH					TON	
1. PLACE OF DEATH o. COUNTY Fre	ederick		MARY	2.00	USUAL RESIDENCE (Vo. STATE	Where deceased aryland	b. COUNTY			re admiss	ion)
b. CITY OR TOWN (IF RURAL and give ne Freder		ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside corpor ederick		URAL ond	give nec	prest town	)
d. NAME OF HOSPITA OR INSTITUTION 200 East Se	AL (If not in hospitol, g		address)		STREET ADDRESS 200 East	Sevent	h Street				IDENCE FARM?
3. NAME OF DECEASED (Type or print)	DECEASED		ED		FOGLE	4. DATE OF DEATH		Month September		29, 19 (	
s. sex Female	6. COLOR OR RACE White	7. MARR	DIVORCE		ate of Birth	78	9. AGE (In years lost birthday) 82 yrs.	Months	Doys Doys		
10a. USUAL OCCUPATIOn during most of work House-work	ing life, even if retired	done 10b.	At Home	R INDUSTRY	11. BIRTHPLACE (Stor		ountry)	1	IZEN O	FWHATC	OUNTRY
3. FATHER'S NAME Aqui	lla Wolfe			1	4. MOTHER'S MAIDEN		Cutsail				
1S. WAS DECEASED EVER (Yes. no, or unknown)	R IN U. S. ARMED FOR If yes, give war or dates of s		None	100	Roy F. Fog	le-Same	as Item	41.0			
Conditions, if of gove rise to in couse (o), stoting lying couse lost.	mmediate DUE TO	)	Level		vacula		eider	<u> </u>		SET AND	lan
20a. ACCIDENT WA	S UNDERLYING  CAUSE OF DEATH				T RELATED TO THE TER			VEN IN PAR	(1 1(0)	PERFO	RMED?
20c. TIME OF INJUR' Hour o.m. p. m.	MEDICAL EXAMINER) Y Month, Doy, Ye 19	or 20d. In While of work	NJURY OCCURRED Not while of work	20e. PLACE foctory	OF INJURY (Home, for , street, office bldg., e	rm, 20f. (City	or town)	(	County)		(Stote
21. I certify that saw the deceas	t (I) (this haspita	attend			th occurred 10:	95 7. to	9-2 the causes ar			at (I) ( stated	
220. SIGNATURE	nm	an	tim.	M.D	. PHYS.	MED.	STAFF PHYS.				B/60
22c. PHYSICIAN'S NAME (Type)	Rex R. Man				North May						
Burial, CREMATIO	Oct. 3,19		Mount Ol:		emetery	Fred	ION (City, town, erick,		M	aryla	
24. FUNERAL DIRECTOR'S M. R. Etchis		Fred	address erick, Mary	yland		C'D BY REGIST		STRAR'S SI			

The May I. commented the Jan ... Entral Verenter weeds to

Ru Pmorta

TO ME AND THE RELL OF THE REAL PROPERTY.

Negali Harren Tizresu, arrenton, untyland

Add. 3,1900 Thems Offwar decelery . The midd, in a cytical

2/12

L. M. Allessa h Son, brederick, Maryana

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

10254

-	1
1	$\Lambda$
1	1
-	

10269

in e funeral directar, and 2 shauld be filed with

after death. Page 4

within 24 hours

069

completely filled in TO HOSPITAL

ATTENDING PHYSICIAN: The law requires that the death certificate be exmany be rether that by the haspital or oftending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and page 3 should be detached for use as the burial-transit permit. Then please remove corbon the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 h

ATTENDING PHYSICIAN: The law requires that the death certificate be execut VR A15 (4) 15M 9/59

		County   C												
Frederick						D II								
	RURAL and give ned	arest tawn)	ts, write			1			orate limits, write R	URAL and g	jíve nea	rest town	)	
	D. CIVITY Frederick  b. CIVY DE TOWN If outside corporate limith, write RURAL and give neoves town)  Frederick  c. LENGTH OF STAY IN 1b  BURY LONG are except town)  LIVE CIVITY DE TOWN If outside corporate limith, write RURAL and give neoves town)  Frederick  d. STREET ADDRESS  LIVE SECOND STREET  A. STREET ADDRESS  LIVE SECOND STREET  B. DATE  FOX  B. DATE  FOX  B. DATE  FOX  B. DATE  B													
		k Memorial	Hosp	ital		1/:	132 West Se	cond S	Street					
3. NAME OF First Middle								4. DATE		ith	Day	, '	Year	
		LIZ	ZZIE	E	DITH		FOX	DEATH	Septem	ber	25	,	19 60	
5. 5	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER	MARRIED	B. D	ATE OF BIRTH		9. AGE (In years					
I	emale	White	WIDOW	EDXX D	IVORCED [	Ju	ne 16, 1876		84 yrs.	Months	Doys	Hours	Min.	
10a	USUAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSI	NESS OR INDI	STRY	11. BIRTHPLACE (State	ar fareign o	country)	12. CITI	ZEN OF	WHATC	OUNTRY?	
	9.9			t Home			Maryla	nd			USA			
13.	FATHER'S NAME					14	. MOTHER'S MAIDEN N	NAME						
		Francis 1	. Ho	pwood			Catheri	ne Rer	nsberg					
		IN U. S. ARMED FOR	CES? 16.		RITY NO. 17.	NFOR				ress				
(10				None	M	SS	Elizabeth	C. Mai	rtin-Same	as I	tem	#2		
	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (a), (b),							INTE	RVAL BE	TWEEN	
	PART I. DEAT		,	U	remis									
12	600				Coolia			100	N. 10 A. P. P.			7		
E.	Canditians, if an	v. which )		1	D.		o was lare	40			1	S. Arr.	wit.	
	gave rise to in	nmediate (		Moon		1					<u> </u>	الماليك	Cours,	
A		he <u>under-</u>	1											
Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING	TO DEATH BU	T NOI	RELATED TO THE TERMI	INAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 1	9. WAS	AUTOPSY	
ATI													-	
TIFIC	20a. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW IN	JURY OCCURR	ED. (E	nter nature of injury in	Part I or Par	rt II of item 1B.)					
CER	(IF EITHER, NOTIFY	MEDICAL EXAMINER)												
CAL		Month, Day, Ye	ar 20d. II	NJURY OCCUR					y ar tawn)	(0	County)		(Stote)	
MED		19			°   '	octory,	street, diffice blog., etc	]						
		t (I) (this basnital			agend from	6	MAN #5 10	55 10	5-12	10/	\ th	at (1) (	wal last	
		, , ,	ent 2	and the same of th		4	//		- //					
		/7 D	1-1-	.J 17Q.6	una mar	aeur	decorred age 2	. H (III)	me cooses or	ia an me	aute			
		MI	0.	· lun		M.D.	ATTENDING MI	ED.	STAFF PHYS.		9/2	27/6	SIGNED	
W		0/20	200		~									
	NAME (Type)	L. R. Sel	heolm	an. M.	D.		810 Toll H	louse	Ave., Fre	deric	k, l	Id.		
230	BURIAL, CREMATION				OF CEMETERY	OR CR			TION (City, town,			(Stat	e)	
	REMOVAL (Specify) Burial	Sept.28.	1960	Mount	Olivet	Cer	neterv	Fre	ederick.		Ma	arvl	and	
24.	FUNERAL DIRECTOR'S			ADDRES			25a. REC'	D BY REGIS	TRAR 25b. REGI	STRAR'S SIC		4		
1	. R. Etch:	ison & Son	, Fre	derick,	Maryla	and	DATE S	Eb 3 0	60 C	ribur S.	the	14		

TREATH OF THE PROPERTY OF THE TOR SOURCE SERVICE STATE ALTERS orale units dume 10, 10,00 Sent that some and transfer and the company of a forest So ref at well-birth . . It applies !! and Terror Barrelland In T. Thursday Court of the Print Laboration of Transmission Village Vil A Time in the state of the stat

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	10220		CER	TIFICA	TE OF DEA	TH				10200
1. PLACE OF DEATH a. COUNTY Fre	derick		٨	MARYLAND	2. USUAL RESIDENCE	E (Where dece yland	ased lived. If b. Co	institution: Re: DUNTY F1	sidence before	re admission)
b. CITY OR TOWN ( RURAL and give p Frederic	f autside carporote limi earest town)	ts, write	c. LENGTH OF S		c. CITY OR TOWN	N (If autside co derick	rporate limits,	write RURAL	and give ne	arest tawn)
d. NAME OF HOSPIT OR INSTITUTION 5 North	AL (If not in hospitol, gentz Stree	ive street	oddress)		d. STREET ADDRE		ntz St	reet		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	ROY	st	CHESTE	iiddle	GAVER	4. DAT OF DEA		Manth Septem	nber 5	y Year
5. SEX Male	6. COLOR OR RACE White	7. MARR	ED NEVER M	ARRIED	B. DATE OF BIRTH	96	9. AGE (In lost birt	hdoy) Man yrs.		Haurs Min.
10a. USUAL OCCUPATION during most of war Foreman & 1	king life, even if retired				stry 11. BIRTHPLACE (	State or foreig		12	USA	F WHAT COUNTR
13. FATHER'S NAME Charles	Baver				14. MOTHER'S MAIL		nan			
1S. WAS DECEASED EVE (Yes, no or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s	fenivae	SOCIAL SECURITY		rs. Rosie A	. Gaver	· (Sam	Address e as it	tem #1	.)
Conditions, if a gave rise to i cause (a), stating lying cause lost.  PART II. OTI	mmediate the under-	)	CONTRIBUTING TO	O DEATH BUT	T NOT RELATED TO THE	TERMINAL DISI	3	ON GIVEN IN	I PART 1(a)	19. WAS AUTOPS PERFORMED?
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  We month, Doy, Ye		CRIBE HOW INJU	D 20e. PL	ED. (Enter nature of inju	, farm, 20f. (	Part II of item  City or town)	1B.)	(County)	YES NO
	of (1) (this haspital sed alive an Signature)	While at wor	led the decea	sed fram	death accurred AATTENDING	, 1958 , 1	STAFF	ses and an	the date	hat (I) (we) lo e stated abav 22b. DATE ept 1960
22c. PHYSICIAN'S NAME (Type) 1 23o. BURIAL, CREMATIC REMOVAL (Specify	J. G. Bourn ON, 23b. DATE THEREC 9-8-60		23c. NAME OF	CEMETERY C	22d. ADDRESS	11 Sair	nts St.	ławn, ar cau	erick,	
		, Fre			and 25a.	REC'D BY REC	GISTRAR 2S	b. REGISTRAR		

and the last				that repert	
	aložanie				
	nend since Direct				Just 1
	view politices				na e se
				dayet	
(12 boot a	a ease) termina	ejen 'a,	15E-41-018		
	y and N	A 10			
	Ten Year				
	6 4			Les Fourier	
	a salasber in				E U
				to, and it makes	

TO HOSPITA

VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

CE	RT	IFIC	CA	TE	OF	DE	AT	H

DIVORCED   November 30,   September 30,   Months   Days   Mounts   Days   Mounts   Days   Mounts   Days   Mounts   Days   Mounts   Days   Mounts   Min.											
	Frederick		MARYL	AY IN 16  AY IN 16  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Lovettsville—Rural—R.F.D.#1  d. STREET ADDRESS  d. STREET ADDRESS  d. STREET ADDRESS  e. IS RESIDENCE ON A FARMY YES NO   DEATH  September 2  1960  RRINE  GRAHAM  DATE OPATH  September 2  1960  November 30, 9. AGE (In years life UNDER 1) FUNDER 24 HRS. Months Days Hours Min.  SOR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Virginia  14. MOTHER'S MAIDEN NAME  Bertha Woodward  NO. 17. INFORMANT  Address  W. Eggar Graham—Same as Item #2  (cc.]  OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  20e. PLACE OF INJURY (Home, farm, form, foctory, street, office bidg., etc.)  PHYS.  220. PLACE OF INJURY (Home, farm, DIRECTOR DIRECTOR)  M.D. PHYS.  221. ADDRESS  LEAST Church St. Frederick, Md.  EMETERY OR CREMATORY  233. LOCATION (City, town, or country)  Lovettsville, Virginia							
	nearest town)	ts, write c.	LENGTH OF STAY I	IN 1b						**	own)
b. CITY OR TOWN (if outside corporote limits, write NURAL and give nearest NurAL and give n	e. IS F ON YES,	RESIDENCE JA FARM?									
3. NAME OF DECEASED	Fir	st	Middle	NE	The second second		OF				
THE RESIDENCE OF							1905	9. AGE (In years lost birthdoy)	Months	1 YEAR IF UN	NDER 24 HRS.
during most of wo	rking life, even if retired	done 10b. KIN				Virg	inia	ountry)			T COUNTRY?
Hor	ner Fawley					Bert	ha Woo	dward			
1S. WAS DECEASED EV	ER IN U. S. ARMED FOR		CIAL SECURITY NO.	17. INF	ORMANT			Add	ress		
	In yes, give war or doing or s		ne	Mr.	Edgar C	raha	m-Same	as Item	#2		
gove rise to couse (o), stating lying couse lost	ony, which immediate g the under-	, Ce Phe	rebral mate	Je HE ATH BUT N	wholes	) is	lase INAL DISEASI	E CONDITION GI	VEN IN PART	2 m	S AUTOPSY SFORMED 2
	Y MEDICAL EXAMINER)										
Hour o. m.	10	While	Not while	focto	pry, street, office	bldg., etc	:.)   ::)	or town,	(0	ountyj	(Store)
sow the deced	erry /	Cha	_1960, ond	thot de	oth occurred  ATTENDING PHYS.	<b>5:25</b>	FD. TOR	STAFF PHYS.	nd on the	dote stat	22b. DATE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give necess town)  Lovettsville-Rural-R.F.D.#1  Lovettsville-Rural-R.F.D.#1  Lovettsville-Rural-R.F.D.#1  S. SEX  S. SEX  S. COLOR OR RACE [7. MARRIED NEVEY RARRIED]  DECAMD  Type or print)  S. SEX  RURAL GIVE AND AND COLOR (In year) If Understand Days (In year)  S. SEX  RURAL GIVE AND AND COLOR (In year) If Understand Days (In year)  S. SEX  RURAL GIVE AND AND COLOR (In year) If Understand Days (In year)  S. SEX  RURAL GIVE AND AND COLOR (In year) If Understand Days (In year)  S. SEX  S. SEX  S. COLOR OR RACE [7. MARRIED NEVEY RARRIED]  DIVOKED											
		; Free		aryla	nd						HIE

			Arthropic	
59, 1, 9, 54	tricked water and			
Time to the second		Inclosed (	acroma delestras I	
		actional games		
	Park and continued		oddul strice	
		APRICA CALL	12.hu-viu/o	
			Valent Literal	2
	ndf as had-nough right .	all the same		
	A STATE OF THE STA			
		and the Colo		
	Company of the			
is ambiented;	do second pana d	No. 1 ages	. Transit	
Mary to the		and period in good	ę 4	
		Mitter ( 12 Million : 17	ob i montanos. "N	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10257 10303 CERTIFICATE OF DEATH Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a. STATE be filed Frederick b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Rural old size negret town) asville Baltimore 24 P d. NAME OF HOSPITAL (If not in haspital, give street oddress) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION 122 N. East Ave. YES NO K NAME OF Middle 4. DATE Month Year filled OF DEATH Sept. 4.1960 Greb Pages (Type or print) John George 19 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 9. AGE (In years last birthday) 5. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. White Months Hours 19 1876 Feb DIVORCED [ WIDOWED [ papers. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? deoth. Baltimore Md. TISA Electrician U.S. Coast Guard carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME of ler, Charles Greb Annie Catherine 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Amelia H. Greb (wife) 422 N. East Ave. no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Concestive Heart Failure DUE TO Canditians, if any, which Arteriosclerotic Cardiovascular Disease Yrs gave rise to immediate DUE TO catse (a), stating the underlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part III of item 18.) 20c. TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Hame, farm, 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) MEDI Haur a. m. While Nat while at work at wark p. m. 21. I certify that I ottended the deceased from 9-3 , 190 , to 9-4 \_\_\_\_ 19.50 that I last sow the deceased , 19.60 , and that death occurred at 5:00AM, from the couses and on the date stated above. ADDRESS (Street, city or lown, state) DATE SIGNED 9-4-60 0 shaul 3 shau PHYSICIAN'S Smithsburg. NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or caunty) page 3 REMOVAL (Specify

Loudon Park Cemetery

ADDRESS

SANDER & SONS. INC. Baltimore Md.

Baltimore Md.

'60

24b. REGISTRAR'S SIGNATURE

arihun & Krous

24a. REC'D BY REGISTRAR

DATE SEP 7

15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

* CONTRACTOR OF THE PARTY OF TH	CERTIFICATE OF DEATH.	
		Tulin-18973
	aucoldino	DICIVAL TAX LAND
	rea sent Missa	
	Medical care of the care of th	CONTRACT CAR AS LOGICAL
The same of section		
		And the second of the second o
	A. M. Co. Can berry on dian's min five say.	Amprocation of the Section After Arthur Section 1 and
Tenan I comp		A A A A
AFF ANTIN THE PRINCE OF THE WORLD		CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE

VS A1S (4) 1SM 9/55

MARYLAND STATE DEPARTMENT O	F HEALTH—BALTIMORE, 1
-----------------------------	-----------------------

10304 CERTIFICATE OF DEATH

10258 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Frederi	ck	MARYLAND	2. USUAL RESID	Md.	e deceased live	d. If institution b. COUNTY	Residence be	fore admissi	ion)
RURAL and give ne	outside corporote limits, crest town) Heights.		OF STAY IN 16	1/ T	rede	•	limits, write RU	JRAL ond give n	earest town	)
d. NAME OF HOSPITA OR INSTITUTION VINCO	AL (If not in hospitol, given bona, Inc			d. STREET A		Mark	et St.	•		IDENCE FARM? NO 🔣
3. NAME OF DECEASED (Type or print)	First	0116	Middle	loss Grift		OF DEATH	Mont Septer		/	reor 19 60
s. sex Female	6. COLOR OR RACE 7	MARRIED NEV		8. DATE OF BIRTH	1	0 A		IF UNDER 1 YEA	AR IF UNDE	
10g. USUAL OCCUPATIO	WILL			USTRY 11. BIRTHPL	ACE (State or	foreign country		12. CITIZEN	OF WHAT	COUNTRY?
Williams B.	Sterm				ie E.Ba					
IS. WAS DECEASED EVER				INFORMANT			Market		lerick	,Md.
Conditions, if or gove rise to in carse (o), stoting a lying cause lost.  PART II. OTH  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	DUE TO  (c)_  S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	TIONS CONTRIBUTIONS CONTRIBUTI	NG TO DEATH BU	ED. (Enter nature of	THETERMIN.	AL DISEASE CO	f item 18.)	EN IN PART I(o)	PERFO YES	AUTOPSY RMED?
Haur a.m.	Y Month, Day, Year 19	20d. INJURY OCC While Not w of work of wo	hile fo	PLACE OF INJURY (I actory, street, affice		20f. (City or to	own)	(Caunt	y)	(Stote)
alive on	d. L. Fahrney  N, 22b. DATE THEREOF	19 60 M.D.		h occurred at	3:30F	M, from th DDRESS (Street,	e Causes a city or town,	nd an the distole)	ate state	ed above. ATE SIGNED G-21-
Burial  23. FUNERAL DIRECTOR'S	9/23/60 S SIGNATURE	Mt.C	Cess Ce	emetery	240 REC'D	Frede:		TRAR'S SIGNAT	URE	0 4 7
M.R. Etchiso				d.Nd.	DATE EP			on 8 Harry		

	THE RESIDENCE		
101.9446			
		of fedge 2	
golfs an Esheridad Of Trail, in Alphani Ann an Assaultan			
in was in sinus;		rrogs . i and	
All moto all in			
		en government en la servició de la companya de la c	
Lagranda - Lagranda Antonio (1900 Antonio (1			

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  10259	
FOR STA	ATE DEPT.	Reg. Dist. No.	
Poge es.		1. PLACE OF DEATH O. COUNTY Frederick  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE Maryland D. COUNTY Frederick	
our files.	M)	b. CITY OR TOWN (It autiside corporate limits, write RURAL and give nearest town)  Frederick  c. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If autiside corporate limits, write RURAL and give nearest town)  Frederick	
8 oard	769	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Frederick Memorial Hospital  6. IS RESIDENCE ON A FARM YES  NOT	2
retain e Stote r death		3. NAME OF DECEASED (Type or print)  DAISY ESPHENA GROVE  1. DATE Month Doy Year OF DEATH September 29, 19 60	
3 to the may be with the urs offer		5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  Female  White  Widowed Divorced Divorced April 27, 1877  9. AGE (In years by Librithdey)  Months Days Hours Min.	es.
2, and 2 and 2 and 2 and 2		100. USUAL OCCUPATION (Give kind of work done during nost of working life even if refired)  105. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State or foreign country)  At Home  12. CITIZEN OF WHAT COUNT USA	RY7
Pages 1. Pages 1. Pages 1.		13. FATHER'S NAME  George A. Babel  14. MOTHER'S MAIDEN NAME  Marselena M. Kelb	
Give P Give P form File p		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No. (If yes, give wor or dotes of service) None Wr. George E. B. Grove-Same as Item #2	
m 18. ong wit permit.		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  INTERVAL BEIWEEN ONSET AND DEATH	re
office old office old office old office old office old office old	/	Conditions, if ony, which) (b) Franctical right lich 12 hr	
in pe	^	gave rise to immediate cause (a), stating the underlying cause last. (c)	
core sr ending il Exan sed as ematia	0.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED?  YES NO []	
Medico Medico Id be wriot, cr		200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DE CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)  Enternal Cause Was Primary or Contributing Described by the contribution of injury in Part I or Port II of item 18.)	+
The was the was Chief a show	10	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)  House m. 9/28/1960 of work o	
writin writin 1 to the 1 Page 1, prio		21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and in m	ıy
ficote. worded ECTOR	Am.	opinion deoth resulted from: Notural couses , Accident , Suicide , Homicide , Undetermined monner   ACTUAL ACTUAL DATE SIGNED	
be for AL DIR	2	SIGNATURE ASSISTANT MEDICAL EXAMINER []	
should be FUNERAL	0	PAME (Type) B. U. TROMAS, M.D. DEPUTY MEDICAL EXAMINER PLA  220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)	
0 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1	Burial Oct.1,1960 Mount Olivet Cemetery Frederick, Maryland  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	
/S. A15ME 5M 2/57	13	M. R. Etchison & Son, Frederick, Maryland DATE OCT 3 '60	

		4
		28 I WATER TO THE STREET
	The state of the second	
t -		
	Anna Eliza de la companya della companya della companya de la companya della comp	
		Course A suspen
	The management of the Company of the	
		ami-est securitari
	A series and a series of the s	
*		
	And the part of the second sec	
NEW YEAR	The state of the s	month of the STREET
	The second secon	
	THE ASSESSMENT OF THE PROPERTY	
	the section of the se	of a section of the

Page

death.

Equips.

after death. Page 4

the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. be retoring by the haspital ar attending physicion.

NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in 3 should be detached far use as the burial-tronsit permit. Then please remave carban pabers. Pages 1 and

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HO	may	TO FUR	page
VR 1S			

31											
		COUNTY ERED PRICE		MARYLAND	2. USUAL RESI	DENCE (Whe	are deceased li	ved. If institution b. COUNTY	F-RE N	before adm	issian)
	Ł	b. CITY OR TOWN (If outside corporate lin RURAL and give nearest town)	mits, write c. LE	ENGTH OF STAY IN 16	11/1	TOWN (IF OU		e limits, write RI	URAL and gi	ve nearest ta	wn)
	(	d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION FREDERICK	give street addre	11.0-01	d. STREET A		3			ON	ESIDENCE A FARM?
	1	NAME OF DECEASED (Type or print)	irst	Middle Robert	Cil	it E	4. DATE OF DEATH	Man SISPIEN	0.10	Doy 27	Year 1960
	S. S	SEX 6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED   DIVORCED	B. DATE OF BIRT	н 7,187	9.	AGE (In years last birthday)  QA yrs.	IF UNDER 1	YEAR IF UN Doys Hour	DER 24 HRS. Min.
		. USUAL OCCUPATION (Give kind of world during most of working life, even if retire Retired Stor.	ed)		Lew:	isdal	e, Md.			EN OF WHA	COUNTRY?
		FATHER'S NAME LURENZA		GUE	14. MOTHER'S	Carr		B	urde	TTE	
		was DECEASED EVER IN U. S. ARMED FO s. no. of unknown) (If yes, give war or dates or			nformant Irs Robe	ert W	eddle	Add		deric	k, Mô
		1B. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	GEA	(a), (b), and (c).] VERAL12ED	ARTE	e10501	EROSI.	5		INTERVAL ONSET AN YEAR	D DEATH
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b) ? A	BOOMINAL	NEOPLI	45M-	6RIGII	V UNDE	TERM	NED	6 Moni
)	CERTIFICATION	PART II. OTHER SIGNIFICANT CO	NDITIONS CONTI	RIBUTING TO DEATH BU	NOT RELATED TO	THE TERMIN	NAL DISEASE (	CONDITION GIV	EN IN PART	PER	S AUTOPSY FORMED?
		20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER	н	HOW INJURY OCCURRE	D. (Enter nature o	of injury in P	art I ar Part II	of item 18.)			
	MEDICAL	20c. TIME OF INJURY Manth, Day, Y Haur a. m. p. m. 19	While		ACE OF INJURY of ictary, street, affic			r tawn)	(Co	ounty)	(State)
	1	21. I certify that (I) (this haspit saw the deceased alive an Signature	- A 73	he deceased fram.		`	up.	PT. 27 ne causes an		date state	ed abave.
		220. SIGNATURE) Lithurel C 22c. PHYSICIAN'S	Rey	wells,	M.D. PHYS.	DIR	D. RECTOR	STAFF PHYS.	9	28/60	22b. DATE SIGNED
0		NAME (Type) Richard		molds'		Frede	erick,	Md.			
1	١.	Burial 9/30/6	EOF 23c	Marvin C	hape 1		23d. LOCATIO	ine #4	or county)	(S	tate)
1,	24.	FUNEERAD DIRECTOR'S SIGNATURE -	th	Damascus,	Md.	DATE	BY REGISTRA		STRAR'S SIG		

BITASO SO STADIRITIED TO A METERAL AND THE STREET WE IS A STREET OF THE STREET TO THE COURT OF A STATE OF THE Auto Subject of Land Auto Subject of the Cart BALLOWIN AND A STREET AND A SECOND PARTY OF THE THE PARTY OF THE PARTY OF THE PARTY OF THE STATE OF THE PROPERTY OF THE P ALL STATES OF THE STATES OF TH

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10262 1030 (MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No EALTH DEPI PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Frederick g. STATE b. COUNTY MARYLAND Frederk b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) your Rural Sabillasville Lifetime Rural Sabillasville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Own Home YES NO retain e State elay NAME OF Middle 4. DATE First Last Manth Day Year DECEASED William Har baugh 1960 (Type or print) Hengon DEATH Sept. 24. 19 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months Hours | Min White Nov. 6. **1909** Male WIDOWED [ DIVORCED T 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Own Farm Farmer. Frederick Co. Md U.S.A pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martin L. Harbaugh B. Harbaugh. Marv File 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Dmy No 216-14-5447 Mary C. Harbaugh Sabillasville 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH per Self Inflicted Gun Shot Wound PART I. DEATH WAS CAUSED BY: Second IMMEDIATE CAUSE (o) Head and neck DUE TO Conditions, if ony, which gave rise to immediate couse DUE TO (o), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART LOSING WAS AUTOPSY PERFORMED? NO I 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 120d. IMURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (State) factory, street, affice bldg., etc.) Nat while of work at work 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection . Inquiry A and in my arded CTOR: opinion death resulted from: Natural couses , Accident , Suicide A. Hamicide , Undetermined manner DIREC DATE SIGNED CHIEF MEDICAL EXAMINER [ SIGNATURE Sept. 24.1960 ASSISTANT MEDICAL EXAMINER Frederick Md EXAMINER'S B.O. Thomas DEPUTY MEDICAL EXAMINER NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. A Chapment) 0

Should FUNER 40

VS. A15ME 5M 2/57

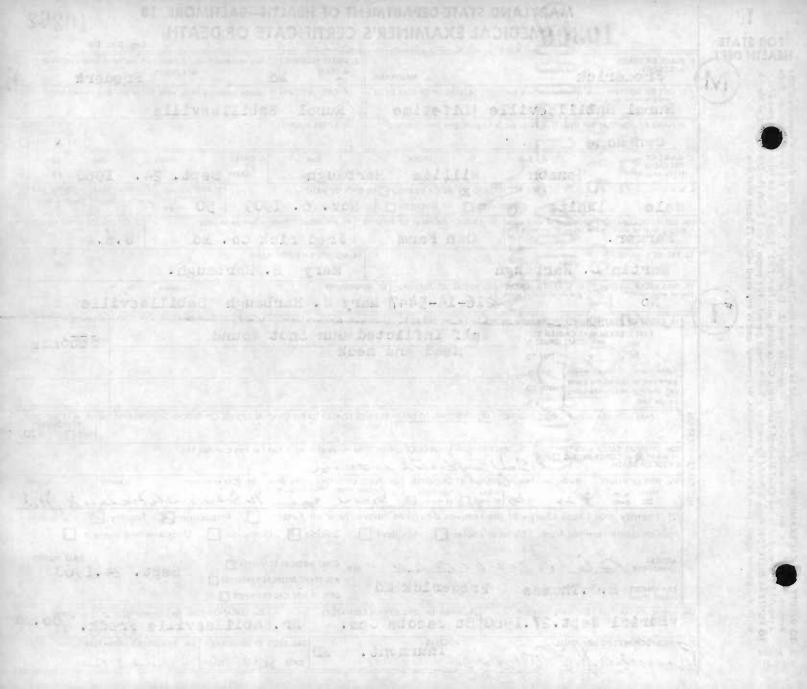
Sept.27.1960 St Jacobs Cem. Thurmont.

24o, REC'D BY REGISTRAR MD

Nr .Sabillasville 24b. REGISTRAR'S SIGNATURE

DATE SEP 2 7 '60

Chilbur & House



ofter death. Page 4 e funeral directar,

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haus

Pages 1 and 2 shauld be filed with

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

### CEPTIFICATE OF DEATH

-1	11	n	6	63
1	U	6	U	2)

1	1000	CERTIFICA	AIL OF DEATH		Reg. Dist. No.
1	1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marvland	ere deceased lived. If insti b. COUN	tution: Residence before admission) NTY rederick
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	II V		te RURAL and give nearest town)
	Rural- Myersville	46 years		Myersville	
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION  Route # 2	ddress)	d. STREET ADDRESS Garfield		e. IS RESIDENCE ON A FARM? YES NO 1
	3. NAME OF First	Middle	Last		Manth Day Year
	(Type or print) CARRIE	SUSAN	HARNE	OF DEATH Sent	ember 14 1960
	5. SEX   6. COLOR OR RACE   7. MARRI		8. DATE OF BIRTH	9. AGE (In ye	IF UNDER 1 YEAR IF UNDER 24 HRS.
	female white WIDOWE	DIVORCED [		2000	yrs. Ddys Hoots Mill.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU	JSTRY 11. 8IRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		home	Frederi	ck Co. Md.	U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
	John E. Kuhn		Martha S	wope	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown)	SOCIAL SECURITY NO.	INFORMANT	,	Address
	no	none Mi	lton W. Har	ne. Myersv	ille. Md.
	18. CAUSE OF DEATH [Enter only one couse per lin	e for (o), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	onary Occlu	sion		ONSET AND DEATH
	2874 DUE TO				
	Conditions, if any, which ) (b) Hype	ertensive C	ardiovascula	r Disease	5 Yrs
	gave rise to immediate couse (a), stating the under-				
	lying cause lost.	sity			10 Yrs.
1	PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMII	nal disease condition	GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 1
1		RIBE HOW INJURY OCCURR	ED. (Enter noture of injury in P	art I or Port II af item 18.	
	20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a. m. While of work	Nat while fo	LACE OF INJURY (Home, form, actory, street, affice bldg., etc.		(County) (State)
	21. I certify that I attended the decease	ed from 7-4	, 19.60 , ta	9-14 196	Athat I last saw the deceased
	alive an 9-7 196				and an the date stated above.
	00 1 1	/ and mar dean		ADDRESS (Street, city or to	
	SIGNATURE Charles Str. A	en	M.D		9-15-60
	PHYSICIAN'S Chamilas II	Ingg	Cm 4	+1- =1	Ma
	NAME (Type) Charles F. I			thsburg,	Md.
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Sept. 17.1960	22c. NAME OF CEMETERY O	cethern G	22d. LOCATION (City, towns	vn, or county) (State)
	23. FUNERAL DIRECTOR'S SIGNATURE	- ADDRESS		300	EGISTRAR'S SIGNATURE
	Gul Y. Billy	Maro marri 7.7	SF	B 4 0 'CO	arthur S. Knows
	Paul F. Bittle'.	Mversville	IVIO - IVIO		A. Thanks

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remove seabon papers. the registrar priar to burial, cremation, ar removal, and in any event within 72 hours after leath. page 3 should be detached for use as the burial-transit permit. TO HOSPITAL VS A1S (4) 1SM 9/S8

to tank and the state of the st The later various - france of wants he is a selection to the control of the second s AL MICHELL MARKETON SERVICE 

	10293	CERTIFICA	ATE OF DEATH		Reg. Dist.	No.
1. PLACE OF DEATH a. COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE (Whe			befare odmission) lerick
RURAL ond give n			c. CITY OR TOWN (If au	tside carporate limits, w	rite RURAL and giv	e nearest tawn)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give stre-	**	d. STREET ADDRESS 203 V	Vest "B"	1	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Elizabeth	Nixon H	overmale	4. DATE OF DEATH	Manth 9	27 Year 0
s. sex Female	2027 - 2 L	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9-6-1892	9. AGE (In )	years   IF UNDER 1   Manths   D	YEAR IF UNDER 24 HR: ays Haurs Min.
10a. USUAL OCCUPATION during most of wor House Wif	rking life, even if retired)	Home	ISTRY 11. BIRTHPLACE (State of Maryland			N OF WHAT COUNTRY
13. FATHER'S NAME	John A.Ni	lxon	14. MOTHER'S MAIDEN NA	Mary A.	Pearry	
1S. WAS DECEASED EVE (Yes, no, or unknown)	ER IN U. S. ARMED FORCES? 1 (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	harles W.Ho		Address	c, Md.
	A A	line for (a), (b), ond (c).]  Jremia				interval between onset and death 3 days
Canditions, it of gave rise to it cause (a), stating	immediate (	arcinoma of S	tomach			6 mon.
lying couse lost.	(c) Ca	arcinomatosis S CONTRIBUTING TO DEATH BU			N GIVEN IN PART 1	2 mon.  (a) 19. WAS AUTOPSY PERFORMED? YES NO W
PART II. OT	AS UNDERLYING 20b. DI CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Po	ort I ar Port II af item 18	B.)	III II NO N
20c. TIME OF INJUI Hour a.m. p.m.	RY Manth, Day, Year 20d. Whi	t_	LACE OF INJURY (Hame, farm, octory, street, affice bldg., etc.)	20f. (City or town)	(Co	unty) (Stote
21. I certify the alive an Sc		ased from $April 1$ 60, and that death	accurred at 3:551		s and an the	
PHYSICIAN'S NAME (Type)	C.T. Byron Kao	M.D.	M.o. 15 S. Mai Brunswi	cyland Ave	9	9-28-60
22a. BURIAL, CREMATIC REMOVAL (Specify	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY C		22d. LOCATION (City, to		(State)
23. FUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS	00		REGISTRAR'S SIGN	YATURE TO

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO HOSPITAL

VS A1S (4) 1SM 9/58

# 

braffes, efficeed.

10		STATE DEPAR		T OF HEALTH	-BALTIM		Reg. Dist.	11	1265
1. PLACE OF DEATH	9274 ederick	MARYL	2.	USUAL RESIDENCE (Who STATE Maryland	ere decensed lived		· Residence I	before admi	
b. CITY OR TOWN (If of RURAL and give near Frede		c. LENGTH OF STAY IN		c. CITY OR TOWN (IE of	utside carporote lin	nits, write RUF	RAL ond give	nearest tov	vn)
d. NAME OF HOSPITAL	(If not in haspital, give stree		1 1	d. STREET ADDRESS	# 1			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First JAMES	Middle EDGAR	HU	Last BBLE	4. DATE OF DEATH SE	Month		Doy 21	Year 19 60
s. sex male	6. COLOR OR RACE 7. MAR White WIDOW		-	vember 16	9. AG		F UNDER 1 Y Months Da	_	7
10a. USUAL OCCUPATION during most of workin Ret Fa. Fa.			m	11. BIRTHPLACE (State of Virginia). MOTHER'S MAIDEN N	a	V-		S.	
Andy 15. WAS DECEASED EVER I (Yes, no, or unknown) (If	Hubble IN U. S. ARMED FORCES? 16 yes, give wer or dates of service)	. SOCIAL SECURITY NO.	INFO	MANT	. Mvers	Addres		D+ -	4 0
	mediate (	ine far (a), (b), and (c).]	uf	ustan				INTERVAL E	BETWEEN D DEATH
PART II. OTHER	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT					N IN PART 1(	PERF	ORMED?
OR CONTRIBUTING C (IF EITHER, NOTIFY M 20c. TIME OF INJURY Hour o. m. p. m.	CAUSE OF DEATH EDICAL EXAMINER)  Month, Day, Year 20d. While	INJURY OCCURRED 2	Oe. PLACE	OF INJURY (Home, farm, street, office bldg., etc.	20f. (City or tow		(Cou	nty)	(Stote
alive an	James B. Th	100 HOIL	eath ac		M, fram the cappress (Street, ci	ty or town, st	an the d	late state	deceased ed abave ATE SIGNED
220. BURIAL, CREMATION, REMOVAL (Specify)		22c. NAME OF CEMET	ERY OR CR		22d. LOCATION (C	City, tawn, or		(Sto	ote)
23. FUNERAL DIRECTOR'S		ADDRESS Myersvill	e, M		BY REGISTRAR P 2 6 '60	24b. REGIST	RAR'S SIGNA		

To Industry Control of the Control o All the first and the company of the transfer of the company of th market was die to the state of Late to the state of the state in the first of the later of th

**CERTIFICATE OF DEATH** 

	PLACE OF DEATH	d <b>ěř</b> dk Fre	ederic	K MARYLA		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Marvland Frederick							on)
		outside corporate limit		LENGTH OF STAY IN	11Ь	c. CITY OR T	Barrier I	The Column of	ote limits, write F		W - W -		
1		derick		3 Days		X 1	iddl	etown					
	d. NAME OF HOSPITA		d. STREET A							FARM?			
_		ck Memori				1	ural	1				YES [	NO 🖸
	NAME OF DECEASED (Type or print)	Fire	~	Middle		Last		4. DATE OF DEATH	Moi		Do		ear 6
_	SEX	6. COLOR OR RACE	-	HUITET  ☐ NEVER MARRIED	□ B	DATE OF BIRTH	4		. AGE (In years		RIYEAR	taken in	9 O R 24 HRS.
3.	Male	Wite	WIDOWED			March	12,	1882	lost birthday) yrs.	Months	Doys	Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind of work o	lone 10b. KIN					ar foreign cou	10	12. CI	TIZEN OF	WHATC	DUNTRY?
		ing life, even if retired)	-	arm Work		Har	ylan	d			II. S	4.	
13.	FATHER'S NAME	<u> </u>		CALL HOLL		14. MOTHER'S	MAIDEN N	IAME					
	Joseph	Huffer				Ar	na S	hafer					
		IN U. S. ARMED FOR		CIAL SECURITY NO.	17. INFO	RMANT			Add			202	
110	NO INO	it yes, give war or dares or se	I I	lone	II	rs. Fl	.oyd	Huffe	r Jef	fers	on,	Hd.	
MEDICAL CERTIFICATION	PART I. DEA  Conditions, if or gove rise to ir couse (o), stoting to lying cause last.  PART II. OTH  20a. ACCIDENT WA OR CONTRIBUTING	S UNDERLYING CALL CAMER OF DEATH MEDICAL EXAMINER)	TITIONS CON  208. DESCRIB  17 20d. INJUI  While	TRIBUTING TO DEAT	CURRED.	use	f injury in P	Port I or Port	I of item 18.)	/	ONS	PERFO	NEW T
	22c. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  3. BURIAL, CREMATIO REMOVAL (Specify)  PULT 1 3 1  FUNERAL DIRECTOR:	Kenneth  N. 23b. DATE THEREO  Sept. s SIGNATURE	Hen C. Hei F 22 28, 60	ason  Refor	M.I	ATTENDING PHYS. 22d. ADDRE	SS Midd	D. RECTOR   RECTOR   23d. LOCATH  Midd D BY REGISTR	STAFF PHYS.   M Md  ON (City, town,  AR 2Sb. REG	ar county	2 0)	stated 22b	SIGNED
	U L c	adhill Con	mpany	Middle	LOWI.	, Md.	DATE SE	P 2 2 '6	0	atting )	8 there	4	

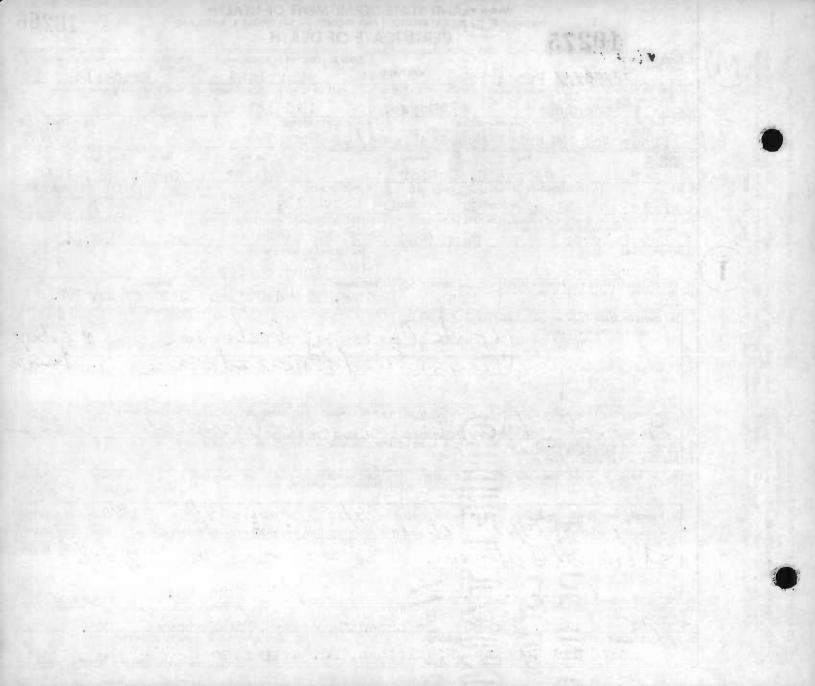
may be real and by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in performer function.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in the funeral director. Pages 1 and 2 shauld be filed with the State Board at Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours TO HOSPITA

after death. Page 4

VR A1S (4) 15M 9/59



director death. Page filed \ funeral be plant papers. remave carban attending physician TRECTOR: 3 shauld agod

			10226
THE LANGE OF			
	in will year of the state of th	THE COMES CONTRACTOR	
	loveto el Une di Lindia	dupos senta Lie	
	ar Starting land to English		The second of
		ing tion , lead of	

The system of

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY files. Heolth. Frederick b. COUNTY MARYLAND Marvland b. CITY OR TOWN (It outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick Month Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Frederick Memorial Hospital Jenkin's Cannery YES TI NO TE ote NAME OF DECEASED Month OF DEATH Lorenzo Jefferies (Type or print) September 19 60 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS Months Male Colored WIDOWED DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired)

Greensboro. N. C. Page 12. CITIZEN OF WHAT COUNTRY? Greensboro. N.C. U.S.A. 13. FATHER'S NAME pages 14. MOTHER'S MAIDEN NAME Bert Jefferies Cindy Dickie Give 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Ill yes, give wor or dates of service 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY Hemorrhage. Punctured left lung. hours Ruptured Spleen, Lacerated left Kidney Conditions, if ony, which gave rise to immediate cause DUE TO (a), stoting the underlying Fractured ribs on left side 5TH to 12th 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Medical YES DO NO T 200. EXTERNAL CAUSE WAS PRIMARY TO 07 CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Riding on top of truck of corn, turned over and thrown should Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or town) (County) factory, street, office bldg., etc.) White of work X of work Route6 Poge 3 Nr. Weaverton Frederick 21. I certify that I took charge of the remains described above, held an Autapsy X. Inspection . Inquiry and in my should be forwarded FUNERAL DIRECTOR: opinion death resulted fram: Natural causes , Accident Suicide , Hamicide , Undetermined manner designored DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** B.O. Thomas, M.D. DEPUTY MEDICAL EXAMINER NAME (Type) September 6.1960 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Burial Fairview Cem. 9 Frederick, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS? 24b. REGISTRAR'S SIGNATURE VS. A15ME Clillian & Hears 5M 2/57

Here Eleven Eleven Transmit Betraitable of Lab - . L. . , TE IGLEONEY, CALL THE THE SHEET COMPANY OF THE WAR 中的人工工作。在1000年的1000年代,1000年代,1000年代,1000年代,1000年代,1000年代,1000年代,1000年代,1000年代,1000年代,1000年代,1000年代,1000年代,1000年代 Notice To the termination of the control of the con the second of the manual of the property of the second of Ethology end and the case (2887) and

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

2 IISIIAI RESIDENCE (Where deceased lived If institution: Residence before admission)

10269

10278

PLACE OF DEATH

after death. Page

e funeral director, should be filed with Pages 1 and 2 After this certificate has been signed by the attending physician and campletely filled in After this certificate has been signed by the attending physician and campletely filled in event, within 72 page 3 shauld be detached for use as the burial-transit permit. the State Board of Health prior to burial, cremation, ar remaval,

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be retored by the TO FUNERAL DIRECTOR: TO HOSPITA

VR A1S (4) 15M 9/59

o. COUNTY	Frederic	ek	MARYLA	ND .	o. STATE Ma	ryland	. COUNTY	F	reder	rick
b. CITY OR TOWN RURAL and give to Frederic	(If outside corporate limi negrest town)	ts, write	c. LENGTH OF STAY IN	1 16	c. CITY OR TOWN (IF o	outside corporate lin		AL ond give ne	earest town	)
d. NAME OF HOSP OR INSTITUTION LOLI Eas	Fifth Stre	ive street d	address)		d. STREET ADDRESS	ast Fifth	Street	t		DENCE FARM2 NO
3. NAME OF DECEASED (Type or print)	Fir L	st [LLY	Middle MAE		Lost KEFAUVER	4. DATE OF DEATH	Month Septer			9 <b>60</b>
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED		ATE OF BIRTH	- I ast		UNDER 1 YEA	R IF UNDE	R 24 HRS. Min.
Female	White	WIDOWE			eptember 27	, TOO? IT	yrs.			
Oa. USUAL OCCUPATI during most of wo House-1	ION (Give kind af work of the property of the	)	t Home	INDUSTRY	11. BIRTHPLACE (Stote Maryla			USA	OF WHAT C	OUNTRY?
3. FATHER'S NAME	Jehn Thomas	Crous	30	1	4. MOTHER'S MAIDEN N	eanie Meh	rling			
5. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17, INFO		A	Address			
No	(ii yes, give war ar adves or s	Ne	one	Mrs.	Ruth N. Br	ightwell-	- Same	as Item	n #2	
	EATH [Enter only one contact that was caused by: IMMEDIATE CAUSE (contact that was contact		e far (o), (b), and (c).	ng	Storoe	1		0,0	SET AND	DEATH
Conditions, if gove rise to cause (a), stating lying couse last	immediate DUE TO	)	CANTRIBUTING TO DEAT	LI BUT NO	T DELATED TO THE TERM	INIAI DISEASE CON	DITION CIVEN	UNI PART I(a)	JAW OI	NITOPSY V
5							43.3	1147741 1(0)	PERFO	NO A
	AS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY OCC	UKKED. (I	enter noture of injury in	ran i or ran ii oi i	nem to.j			
Hour o.m.	20c. TIME OF INJURY Manth, Doy, Year Hour o. m.  p. m.  19  20d. INJURY OCCURRED While Not while of work of wo									
21. I certify that (I) (this haspital) attended the deceased fram 4m. 1923, to Sefft 16, 1961, that (I) (we) last saw the deceased alive an Sefft 15, 1960 and that geath accurred a 3:30P, from the causes and an the date stated above.										
220. SIGNATURE	O. The	nu	20	M.D	PHYS.	ED. STA	KFF YS.	9/	/17/6	SIGNED
275 PHYSICIAN'S NAME (Type)	B. O. Thor	mas, ]	M. D.		22d. ADDRESS Profession	al Buildi	ing, Fr	ederic	k, Ma	rylar
3a. BURIAL, CREMATI REMOVAL (Specify Burial			23c. NAME OF CEMET Reformed			23d. LOCATION (			(Stot	
M. R. E	r's signature tchison Rus	ong F	rederick, M	aryla		D BY REGISTRAR EP 2 0 '60		AR'S SIGNATI		

10278 TO 10278

Shanler !! Route, 12 courselyes | Manager of Start at and the lead of the l . on m Deby games a month of L.C. one. Inlead

Manager and an amply of the later of the lat

ofter death. Page 4

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

# MARYLAND STATE DEPARTMENT OF HEALTH

1. PLACE OF DEATH o. COUNTY	dont ole		MAI	RYLAND	2. USUAL RESIDENCE (W		d lived. If institution b. COUNTY			re admiss	
b. CITY OR TOWN RURAL ond give	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give neorest town)  Mt. Alry  Maryland  c. LENGTH OF STAY IN 1b						prote limits, write R	URAL ond	give nec	arest fowr	1)
	PITAL (If not in hospital, give	e street oddre			d. STREET ADDRESS						SIDENCE FARM?
3. NAME OF DECEASED (Type or print)	Daisy	Cath	Midd nerine	-	wson lost	4. DATE OF DEATH	Sept		Do	°×1960	Yeor 19
5. SEX Female	what to	MARRIED WIDOWED	NEVER MARI		Feb. 27, 19	15	9. AGE (In years loss) thdoy) yrs.	Months	Days	Hours	ER 24 HRS Min.
House Wil	TION (Give kind of work do	ne 10b. KIND	OF BUSINESS	OR INDUS	TRY 11. BIRTHPLACE (Stote	or fareign c	ountry)	12.CIT	IZEN OF	WHATC	SA
13. FATHER'S NAME APVLEE	Bridges				14. MOTHER'S MAIDEN	e Chi	pley				
15. WAS DECEASED E	VER IN U. S. ARMED FORCE	inal Inci	AL SECURITY N	1 1	FORMANT Ir. George	C. Le	wson, M	it. A	iry	, M	d.
	EATH [Enter only one cous EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	se per line for	(o), (b), ond (c)	e).] A.S	th mat	CUS				ERVAL BE	
241 Conditions, if gove rise to	ony, which (b)_		Bro	nch	ial As1	4m	4		1	1/2 9	irs
lying couse los	Couse (a), stoting the <u>under-</u> Lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS)										
PART II. O	WAS UNDERLYING [ 2	Ob. DESCRIBE	HOW INTURY	OCCURRE	D. (Enter noture of injury in	Port I or Por	rt II of item 18.)			YES	NO [
OR CONTRIBUTION	NG CAUSE OF DEATH	ob. DESCRIBE		OCCORNE	, temer motore or injury in	101170170					
20c. TIME OF INJU	10	While	Y OCCURRED  Not while of work		ACE OF INJURY (Home, far tory, street, office bldg., et		y or town)		(County)		(Stote

22d. ADDRESS

19/20, that (1) (we) lost

21. I certify that (1) (this hospital) attended the deceased from... sow the deceosed olive on 22o. SIGNATURE

p. m.

Q, and that deoth occurred of 39M, from the causes and on the date stated above.

M.D. ATTENDING MED. STAFF PHYS.

1959

22b. DATE

10070

22c. PHYSICIAN'S NAME (Type)

23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) Frederick, Maryland

(Stote)

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 9-21-60 EUNERAL DIRECTOR'S SIGNATURE

ADDRESS

25a. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

Laytons wille. Md.

Mt. Olivet

DATE CED 2 2 '60

TO HOSPIT

Mo Depart F				sin trees	075
			, sey ou		78
	Jose Ly			SALAY Ca	
		200,87,191			
					Housewall
				neadina	nelves
	The post of the second				
Arter view			MP. 01179	370-45-48	inima.
		E 10-84, a	La Dangdya.	Linkley Dev	

e. IS RESIDENCE ON A FARM?

YES NO K

Frederick

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. STATE
h. COLINTY b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Maryland

Frederick

267 West Fifth Street

4. DATE

d. STREET ADDRESS

Frederick

RURAL and give nearest town)

b. CITY OR TOWN (If outside corporate limits, write

d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION

PLACE OF DEATH

Frederick

Montevue

NAME OF

MARYLAND

Middle

ofter death. Page

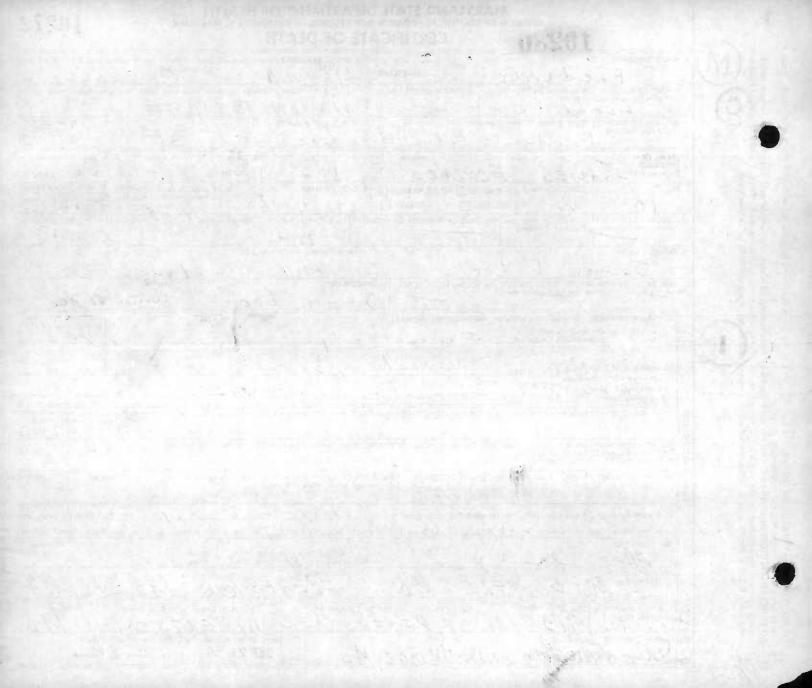
shauld be filed with .=

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haur

	~	a.	0
	the attending physician and camplete	Then please remave carbon papers.	and in any event, within 72 hours after
may be recorded by the haspital of offending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by	page 3 shauld be detached far use as the burial-transit permit.	the State Board of Health priar to burial, cremation, or remaval, and in any event within 72 hours after d
A1	9/5	9	

	(Type or print)	MAI	RGARET	ELLEN	LEAS	SE	OF DEATH	Sept	ember		19,	19 60
	sex Female	6. COLOR OR RACE	7. MARRIED WIDOWED	DIVORCED	October	22 18		GE (In years ost birthdoy) 7 yrs.	IF UNDER Months	1 YEAR Days	Hours Hours	ER 24 HF
_	J. USUAL OCCUPAT	TION (Give kind of work orking life, even if retired)	done 10b. KIND C				reign count		12. CITI	ZEN OF	WHAT	
13.	House-Wa	)PK	Au	HOME	14. MOTHER'S	MAIDEN NAM						
		mos Lease				Mary	Houck					
	MAS DECEASED EVEN, no. or unknown)	VER IN U. S. ARMED FOR (If yes, give wor or dates of se	ervice)		Russel	L L. Mi	chael	107 Es				
		EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (o	6.	o), (b), and (c).]	erotic	Hear	t Da	icase		ONS	RVAL BE ET AND	DEATH
	Conditions, if gove rise to couse (o), stotin lying couse los	immediate DUE TO	, an	Tre Ste	nosi	2				5 2	pro.	r
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. W									PERFC	AUTOP: DRMED?		
MEDICAL	Soc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (Sh									(Sto		
	saw the dece	hat (I) (this haspital		e deceased fram. 960, and that de				causes an			stated	daba
	220. SIGNATURE	130	Hon	ras A	ATTENDING	MED.	OR	TAFF PHYS.		9	/20/	1596
	22c. PHYSICIAN'S NAME (Type)		omas, M.	D.	Prof		al Bui	lding,	Fred	eric	k, I	ld.
23	BURIAL, CREMAT REMOVAL (Specif	Sept.21,	THE STREET STREET	NAME OF CEMETERY OR COUNTY OF CEMETERY OF			location	(City, town, o	or county)	Mar	ylar	
24.	FUNERAL DIRECTO	or's SIGNATURE		DDRESS		25a. REC'D BY	REGISTRAR 2 2 '60		STRAR'S SIG			

slodenie 11	A LOT MANAGEMENT OF THE PARTY O	and the	Trade whole
			ourgoundle
m (A section)			
	To syll (C raverat		
	Anna Sele	and the	Zuan-autin
			Street some
	Last to the Same		



funeral directar, uld be filed with

pup .⊆

> papers. aft

death

filled

and

UD

attending death

permit.

ematian,

use ta b

burial

gned

physician. peen :

certificate

that

death.

haurs

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

## CERTIFICATE OF DEATH

e. IS RESIDENCE

Haurs

INTERVAL BETWEEN ONSET AND DEATH

yelev.

PERFORMED?

YES NO NO

(State)

12. CITIZEN OF WHAT COUNTRY?

ON A FARM?

Year

1960

Frederick

Day

28

Days

USA

1
/

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Frederick Marvland b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest tawn) RURAL and give nearest town) 7 Months Adamstown -Rural-R.F.D.#1 Frederick d. NAME OF HOSPITAL (If not in haspitat, give street address) d. STREET ADDRESS hree Pines Nursing Home Hope Hill Road NAME OF 4. DATE First Middle Last Manth DECEASED TDA MAY LENHART September (Type ar print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED XX 8. DATE OF BIRTH 9. AGE (In years last birthday) Manths Female White DIVORCED | February 26,1878 82 WIDOWED [ 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) during mast af warking life, even if retired) At Home House-work Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benjamin F. Lenhart Margaret Purdy 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Mr. George H. W. Lenhart-Same as Item #2 No None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY of the Breast IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a. m. While Nat while at work at work p. m 21. I certify that (I) (this haspital) attended the deceased from.\_ he deceosed from 4 1 1960, to 4 1960 that (I) (we) las saw the deceased alive an 220. SIGNATURE ATTENDING MED. DIRECTOR

ATTENDING PHYSICIAN: Ped DIRECTOR: det FUNERAL 3 page the St 0 0

230. 8URIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Oct. 1.1960

R. C. Reynolds, M. D.

23c. NAME OF CEMETERY OR CREMATORY

M.D. PHYS 22d. ADDRESS

Flint Hill Methodist Cem.

East Church Street, Frederick, Maryland 23d. LOCATION (City, tawn, ar county)

(State)

24. FUNERAL DIRECTOR'S SIGNATURE

22c. PHYSICIAN'S NAME (Type

M. R. Etchison & Son, Frederick, Maryland

DATE OCT 3

25b. REGISTRAR'S SIGNATURE arilun S. Krous

Frederick County, Maryland

(Caunty)

# 10281 CERTIFICATE OF GENERAL OF EACH

page 1 to 1 to 2 to 2		iq. I cal		
C. C. Treatest & C. L.		- mmczakł s	sufacinii (2	XIII XIII MA
The did set of the set		o-100 at 1		
And property on the first property of the fi	de la			
The property of the property o		STOLES CATAL		Solid Labor.
		boo Dynaiv		191-114
			garansi.	i niceproni
	The state of the s	Date II. E. Hand	. The second second	Or.
		All the second		
the first of the party of the first term of the				
	Bearing of the state of the sta			

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 10282

10274

in ne funeral director, and 2 shauld be filed with

ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs ofter death. Page 4 may be renewed by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detoched for use os the burial-transit permit. Then please remove carbon papers. Poges 1 and the State Board at Health priar to burial, cremation, ar removal, and in pay every within 72 haurs after death. TO HOSPITA VR A15 (4) 15M 9/59

1. PLACE OF DEATH o. COUNTY Fre	ederick	MARYLAND	o. STATE -	DENCE (Where decease Maryland	ed lived. If instituti b. COUNTY				
b. CITY OR TOWN RURAL and give r Frede	(If outside corporate limits, write nearest town) PICK	c. LENGTH OF STAY IN 1b	10 .	TOWN (If outside corp	orote limits, write R	URAL ond give ne	earest town)		
—OR INSTITUTION	ITAL (If not in hospital, give street Memorial Hosp		d. STREET A	odress 16 South Ma	arket Str	eet	e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print)	KATHERIN	Middle MACKLEY	MARMOR.	4. DATE OF DEATH	Mor Se		oy Yeor 23, 1960		
5. SEX Female		ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTI		9. AGE (In years lost birthdoy) yrs.	Months Doys	R IF UNDER 24 HRS Hours Min.		
10a. USUAL OCCUPATI during most of wa House-wo	rking life, even if retired)	At Home		ACE (State or foreign -	country)	12.CITIZEN O	F WHAT COUNTRY		
13. FATHER'S NAME  John E.	Ridenour			MAIDEN NAME	y		Hiti		
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		oseph P.	Marmor (S	Same as i				
Conditions, if gove rise to cause (a), stating lying cause lost	the under-	Arterio o Carte Butterio a Carterio a Carterio a Carterio a Carte Butterio	brotic bross	Heart	Orsea SE CONDITION GI	VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?		
OR CONTRIBUTION (IF EITHER, NOTIF									
	ot (I) (th <del>is ho</del> spital) after	ended the deceosed from 23_1960, and that	deoth occurred M.D. ATTENDIN PHYS. 22d. ADDR	19 6 0 to	STAFF PHYS.	24 Sept	hot (I) (we) last e stoted obove 22b. DATE t 1960		
23a. BURIAL, CREMATI REMOVAL (Specify	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY Of Mount Olivet	OR CREMATORY	23d. LOC/	ATION (City, town, derick, M	or county)	(Stote)		
24. FUNERAL DIRECTOR M. R. Etc		rederick, Maryl	and	25a. REC'D BY REGIS		ISTRAR'S SIGNATU			

HEARDRO STADRIVEZO Tract Commence of the spirit o Charles All School (#815) #100 Section 1 - Control Sa man ar arm) remarks of the spour a court the second of th 2-35-10 reduct Columns (section) (Section) (3-35-2 and a distance to soon a restance of the soon of the s DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH

e. IS RESIDENCE ON A FARM?

Haurs

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO TE

> > (State)

22b. DATE

(State)

SIGNED

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

YES NO F

Year

1960

Frederick

Day

Days

(County)

1960, that (1) (we) last

- M 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE filed b. COUNTY Frederick Maryland MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporale limits, write RURAL and give nearest town) RURAL and give negrest lawn) Thurmont p 'hurmont Lifetime d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION Own Home NAME OF Middle 4. DATE First Last Manth DECEASED September Martin William Henry DEATH (Type ar print) 6. COLOR OR RACE 7. MARRIED W NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX last birthday) Manths white DIVORCED [ Aug. male WIDOWED | yrs. 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired)
Timberman Maryland SATT Emp. 14. MOTHER'S MAIDEN NAME 3. FATHER'S NAME Ella Sipes Charles Martin 17. INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Yes, no. or unknown Thurmont. Md. Mrs. Steala Martin No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY MMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) factory, street, affice bldg., etc.) Haur a. m While Nat while at wark at wark p. m. 21. I certify that (1) (this hospital) attended the deceased fram (Line 2) M, fram the causes and an the date stated above. and that death accurred at 10= 19 saw the deceased alive an detac 22a. SIGNATURE ATTENDING STAFF PHYS. PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S 3 should NAME (Type) Thurmont, Maryland Gra James poge 3 sh the State 23b. DATE THEREOF 23d. LOCATION (City, town, or county) 23a. BURIAL CREMATION, 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Thurmont, Maryland 9-6-60 Buria 2Sa. REC'D BY REGISTRAR SEP

VR A15 (4) 15M 9/59

may be reho

directar

Prol

2

filled

ond

5 attending

p

been si

attending physici ertificate has beer

certificate

After

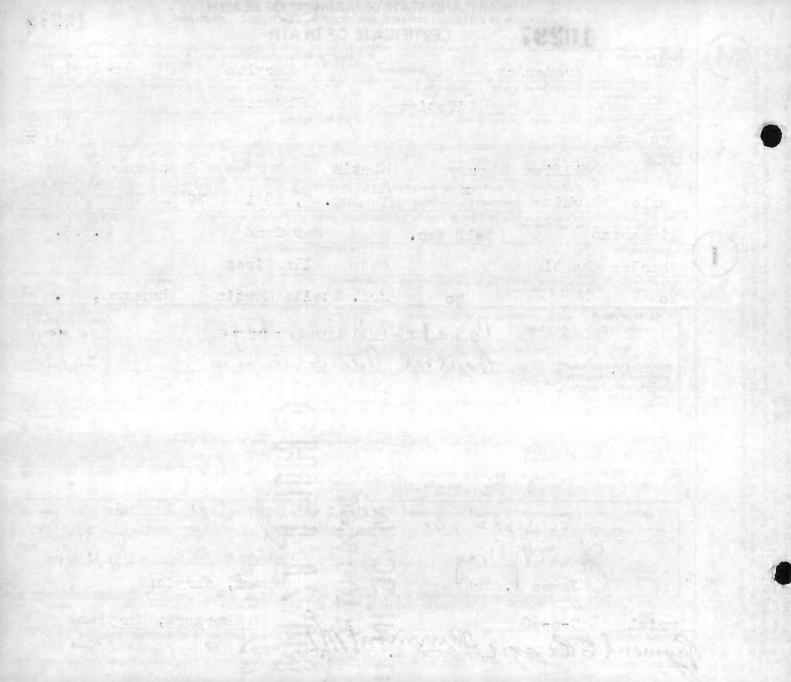
DIRECTOR:

requires that the

death. Page

25b. REGISTRAR'S SIGNATURE arthur & thank

DATE



death. Page

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

moest statistical and a mura elegaci (Graceni) escole tendito And the second of the second s the english of the character than the way of the contract of t MARYLAND STATE DEPARTMENT OF HEALTH

. 44211 to her through a residue of the part of the legisless AV LIKETER PART AND THE RESERVE OF THE PROPERTY OF THE PROPERT MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

L State of the Control of the Contro And the second of the second o

10310

PLACE OF DEATH

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITA

after death. Page

page 3 shauld be detached for use as the burial-transit permit. the State Board of Health prior to burial, cremotion, or removal, VR A1S (4) 1SM 9/59

ŀ	A. 1	rederick		MARYLANI		Mary:	Land	b. COUNTY	Fre	deric	K	
	RURAL ond give no			c. LENGTH OF STAY IN 11	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  Adamstown							
	OR INSTITUTION	AL (If not in hospitol, g	ive street	oddress)	d	STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO		
-	IAME OF ECEASED Type or print)	Fin HAT		Middle FLORENC	E	O HARA	4. DATE OF DEATH	Septe	th ember	15,	Year 19 <b>60</b>	
5. S	Female	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIED DIVORCED	-	e 17, 187	0	9. AGE (In years last birthday) 90 yrs.	Months	-	Hours Min	
	House-	king life, even if retired)	done 10b.	At Home	DUSTRY 1	1. 8IRTHPLACE (Stote		ountry)	12. CIT	USA	VHAT COUNTE	
		B. Scarff			14.	MOTHER'S MAIDEN I		a Dougla	s			
S. (Yes	NAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of se	CES? 16.		inform Mrs.	Edith Yin	gling,	Same as		#1		
	Conditions, if o	mmediate	)	Serility	·						0	
ALION	lying couse lost.  PART II. OTH	the under- DUE TO	)	CONTRIBUTING TO DEATH E	BUT NOT R	ELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	/EN IN PA		WAS AUTOP PERFORMED? YES NO	
MEDICAL CERTIFICATION	PART II. OTH  200. ACCIDENT W/ OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. m.	The under OUE TO  (c)  HER SIGNIFICANT CONI  AS UNDERLYING TO EATH  CAUSE OF DEATH  MEDICAL EXAMINER)  Y Month, Doy, Yec	20b. DES	CRIBE HOW INJURY OCCUP NJURY OCCURRED 20e.	RRED. (Ente		Port I or Por	t II of item 18.}			PERFORMED	
	PART II. OTH  20a. ACCIDENT W/ OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. m. p. m.	The under OUE TO  (c)  HER SIGNIFICANT CONI  AS UNDERLYING TO EATH MEDICAL EXAMINER)  TY Month, Doy, Yea  19  11 (1) (this haspital	DITIONS ©  20b. DES  or 20d. II  While of wor	CRIBE HOW INJURY OCCUR  NJURY OCCURRED  Not while of work  ded the deceased from  1969 and tha	PLACE OI foctory, s'	INJURY (Home, farmeret, office bldg., etc	Port I or Port	or town)  1 If of item 18.}  The causes an STAFF PHYS.	, 194	(County)  2. that e date s	(Stated aba	

ATAM 16 TO STATE OF THE BULL

The second secon

THE RESIDENCE OF THE PERSON OF

Toursenant Armen and Armen

seferal relations and the second

to and an early first filter, with a love on the file file file

north and a sent to the contract of the contra

Can	LU283 CERTIFICATE OF DEATH Reg. Dist. I	No. 1(1201)
(M)	1. PLACE OF DEATH O. COUNTY Frederick  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution Residence beautiful of STATE and STATE a	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give rearest lown)  Trederick  3 years  Cumberland	
X	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION  907 Shawnee Drive, Frederick, Md  1205 Bedford Street	e. IS RESIDENCE ON A FARM? YES NO
		Day Year .8 19 60
	Male White WIDOWED DIVORCED Sept 28 1869 lost birthday) Months Doy Prs. 11 20	
	during ment of working life even if telired) Farm Owner Chaneys villerna U	S.A
1	B.Frederick O'Neal  Harriet Lashley	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs Rosanna M.Stemp—Same as D.abov	
		NTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate (b) Chiocia muje cardita	347.
5	couse (a), stating the under. DUE TO Liteurs Delle roses	2 yor.
**************************************	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c)  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  Z 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Court	nty) (State)
cremat	Haur o. m.  19 While at work at while at work	
	21. I certify that I attended the deceased from May, 1957, to the part of the last alive on 1960, that I last alive on 1960, and that death occurred at 1960, from the causes and on the	date stated above
prior 10	ACTUAL SIGNATURE ADDRESS (Street, city or town, state)  M.D. Frederich Mil. 7.71 Market 6	t. Sept 6
ne registror	PHYSICIAN'S NAME (Type) Dr. H. F. Kline 7 North Market St. Frederick  20. BURIAL CREMATION 12th DATE THEREOF 12th NAME OF CREMETERY OF CREMATORY 12th LOCATION (GIV. 1999) OF CREMETERY OF CREMATORY 12th LOCATION (GIV. 1999) OF CREMETERY OF CREMATORY 12th LOCATION (GIV. 1999) OF CREMETERY OF CREMETERY OF CREMATORY 12th LOCATION (GIV. 1999) OF CREMETERY OF	
D C C C C C C C C C C C C C C C C C C C	220. BURIAL CREMATION, REMOVAL (Specify)  Burial  220. Date Thereof 9/21/60  220. NAME OF CEMETERY OR CREMATORY  Hillcrest Burial Park  Cumberland Md  230. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REGISTRAR'S SIGNA	(State)
190	Charles L. George Cumberland, Md. DANGEP 21'60 Cultury S. King	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10280

085111	TE OF DEATH	CERTIFICAT		
	2000 TO 1	- BHK/DAH	2612780825	
	Combour Land	J years		
		b Karambias	7 Missing actives	
00 01	Contest Teacher	les de la constant de	deline.	
			BREAK A THE STREET STREET	
	HE ST. HERE'S . BE WHELE		corona palifi	10.00 T
	The same of the sa			
4 4 4		date par	J ( 191 95 ) 49	
			Isa II de bastes	
37000	the market provided in the property of the		A STATE OF THE STA	
		Salas Association	The second second	
10000				
		E	The 124 Th	
				To be a little
	A source of the state of the st		ansana s (thai ang 1 5 h	
A A A A A A A A A A A A A A A A A A A	Frances Sallan		W. Line	
	erlight factor forms f			
The state of the s			municipal sections	
ALL THE SELECTION	A STATE OF THE PARTY OF THE PAR	Ann democratic	\\	Later Co.
Maria Central		Disafge (L	to the state of th	
	THE RESIDENCE OF A PROPERTY OF THE PERSON NAMED IN	All the second s		

.

VS A15 (4) 15M 9/55 10284

CERTIFICATE OF DEATH

Reg. Dist. No.

10281

1. PLACE OF DEATH	derick		MAR	YLAND		aryla		lived. If instituti b. COUNTY				sion)
b. CITY OR TOWN RURAL and give Frederi		its, write	6 Days	r IN 16		, , , ,		ote limits, write R		give nea	rest tow	n)
d, NAME OF HOSE OR INSTITUTION Frederi	PITAL (If not in hospitol, ock Memorial	Hosp	ital		d. STREET A	DDRESS raddo	ck				ON A	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	WALT)		Middle SHERI		REEDER		4. DATE OF DEATH	Sept	m ember	29	,	Yeor 19 60
s. sex Male	6. COLOR OR RACE White	7. MARR	DIVORCE		8. DATE OF BIRTH	h 187		9. AGE (In years lost birthdoy) yrs.	Months	1 YEAR Days	Hours	ER 24 HRS. Min,
during most of we Retired	TION (Give kind of work orking life, even if retired Farmer	done 10b.	kind of Business ( Farm Owner	OR INDUS	TRY 11. BIRTHPL	ACE (Stote of Maryl)	or foreign co and	untry)		ISA	F WHAT	T COUNTRY?
13. FATHER'S NAME Josephus	Reeder				Mary							
15. WAS DECEASED EN (Yes. no. or unknown) No.	VER IN U. S. ARMED FOR (If yes, give wor or dates of	ervice)	SOCIAL SECURITY NO		seph L.	Reede:	r (Sa	me as it		2)		
Conditions, if gove rise to couse (o), stotin lying couse las	immediate DUE TO	o) o)	Generaliza	s f	Centeric 2/5ht NOT RELATED TO	by hy	NAL DISEASE	CONDITION GIV	'EN IN PAR	ONS	P. WAS	DEATH
	WAS UNDERLYING DISCOURSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY (	OCCURRE	D. (Enter noture of	f injury in P	Port I or Port	II of item 18.)				NO K
20c. TIME OF INJU Hour a. m p. m	1.	While	Not while of work	20e. PL/ foc	ACE OF INJURY (Fitory, street, office	Home, form, bldg., etc.	, 20f. (City	or tawn)	(1	County)		(Stote)
alive on	that I attended the 9/30  Likewil, C.  Richard C.	-, 12 Rey	wels	t death	M.D. 9 E.	4 P	M, from	reet, city or town,	and on t	he da	te stat	ed abave
220. BURIAL, CREMAT	10-2-60	OF	Mount 01		Cemeter	у		ON (City, town,		nd	(Sto	le)
23. FUNERAL DIRECTO	or's signature chison & Son	n, Fr	ADDRESS ederick, M	laryl	and	240. REC'E	CT 3		STRAR'S SI			

## FOR STATE HEALTH DEPT.

or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

director, please director. Page br yaur files. Board of Health,

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10282

	10311 MEDICA	L EXAMINER'S	CERTIFICATE OF DEATH Reg. Dist. No.
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	o. COUNTY Trederick	MARYLAND	o. STATE maryland b. COUNTY Jos derick
ŧ	on CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).	c. LENGTH OF STAY IN 16	c. CITY OR TOWN At outside corporate limits, write RURAL and give nearest town)
×	Mitary ROI	OYRS	near Kidgeville X
-	I. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	pitol, give street oddress)	d. STREET ADDRESS  e. 15 RESIDENCE ON A FARM?
	.•		M. D. # NO D
	NAME OF DECEASED (Type or print)  Fdga -	Trys DJRL	Lost A. DATE Month Doy Year DEATH S. L. 7 1960
5. 5	EX 6. COLOR, OR PACE 7- MARRIE	D NEVER MARRIED B.	DATE OF BIRTH 9. AGE In years   IF UNDER 14EAR IF UNDER 24 HRS.
	male white WIDOWED	7	me 25, 1900 Byrs. Months Days Hours Min.
10a	USUAL OCCUPATION (Give kind of work done lot). K Juring med a working life, even if retired)	IND OF BUSINESS OR INDUSTI	Traderick Co-Md. 12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME
	Harry Khinceke	N	FANNIE P. LOWMAN
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 1	SOCIAL SECURITY NO. 17. IN	FORMANT Address
	20 21	7-09-6333 1	obert Buckman Wit ChryRDI
	18. CAUSE OF DEATH [Enter only one cause per line f	for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
Н	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	m Shatwon	end of brain
	DUE TO		
	Conditions, if sny, which gave rise to immediate cause (b)		
3	(a), stating the underlying ( DUE TO		
-7	cause last. (c)	ALTRIALITIALS TO DEATH DUT A	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	NIKIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
	200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH.	Shot wound	nter nature of injury in Port I or Part II of item 18.)
MEDICAL			E OF INJURY (Home, form) 201. (Cityor town) (County) (Stote)
MED	Hour o.m. 9/7 190 While of wor	rk of work	ome Mary ROI Frederick M
	21. I certify that I taak charge of the r	emains described obay	ve, held an Autapsy 🔲, Inspection 🔀, Inquiry 🗹, ond in my
	opinian death resulted from: Natural c	auses . Accident	, Suicide , Homicide , Undetermined manner
	ACTUAL BOTHO	man	_M.D. CHIEF MEDICAL EXAMINER [
	EXAMINER'S B. D. Hom	asimo	DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DE
220	BURIAL CREMATION, 226. DATE THEREOF	22c, NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (Stote)
¥	DURIAL DEPT-10-1960	LOCUSTGR	OVE Cemetery PREderick. Co Md.
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS / / V)	240. REG'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
1	1111 WAITZ, WI	ntield,//	CI DATE SEP 9 '60 arthur & Knows

TO DEPUTY SICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is execute the Artificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the function 4 should be farworded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retain TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the Stole is VS. ATSME 5M 2/57

FIRST 1 MEDICAL EXAMINER'S CERTIFICASE OF DEATH

V	10600			Reg. Dis	it. No.
	P. PLACE OF DEATH O. COUNTY  FREDE 13 1 C. 10	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If institution, Residence b. COUNTY	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	ENGTH OF STAY IN 16	c. CITY OR TOWN (IF ou	stride corporate limits, write RURAL and g	give nearest town)
-	d. NAME OF HOSPITAL (If not in hospital, give street address	19 YEARS	d. STREET ADDRESS	ick CITY 1	I IS DESIDENCE
	OR INSTITUTION STATE A VE	13) \( \nu \)	SOOTE	ALL AVE	e. IS RESIDENCE ON A FARM? YES NO X
	3. NAME OF DECEASED (Type or print)	Middle	Lost SHOW	4. DATE Month OF DEATH SEPTEM PIER	Day Year
	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER lost birthday) Months	
1	FEMALE WHITE WIDOWED	DIVORCED	JANUARY-8 18	879 81 yrs. 8	Days Hours Min.
1	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole o	r foreign country) 12. CITI	ZEN OF WHAT COUNTRY?
ŀ	HOUSE WIFE OW	N HOME	14. MOTHER'S MAIDEN NA	ILLE WASH CO. WID.	U.S.A.
	SAMUEL ROHE	ER	MARY	ETTA DAR	(5.5
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	11	FAIR V SUSH	S22TRAIL A	AVE.
Ī	18. CAUSE OF DEATH [Enter only one couse per line for	(o), (b), and (c).]	1		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	conany	relas	core.	ONSET AND DEATH
	DUE TO	, 7	0 1		
I	Conditions, if ony, which gave rise to immediate (b)	rde-vas	colar de	week	5 nrs +
	code (o), storing the <u>under-</u> lying couse lost.  (c)				
		BUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES TO NO THE
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRE	D. (Enter noture of injury in Po	ort I or Port II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY While to work 0 work 0	Not while tac	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f. (City or town) (C	ounty) (State)
	21. I certify that I attended the deceased fr	11	, 19 30, to \$	1962, that I l	
1	alive an 1960	, and that death		.M, fram the causes and an th DDRESS (Street, city or town, stote)	e date stated abave.  DATE SIGNED
	SIGNATURE BORISM	man_	M.D	Sept. 26, 10	961
	PHYSICIAN'S BOSTho	masn	18 2284	muchet & France	learly md
	REMOVAL (Specify)	NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or county)	(State)
1		ATRVIEW C	24d, REC'D	BY REGISTRATE 24b. REGISTRAR'S SIG	SNATURE
J	Mu The Book Book	3130180 /X		CT 3 '60   Qatlua	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed very be released by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pages, the registrar prior to burial, crematian, or remayal, and in any event within 72 haurs after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

After this certificate has been signed by the attending physician and campletely filled in hed for use as the burial-transit permit. Then please remove carban pages. Pages I ar

he funeral director, should be filed with

Pages 1

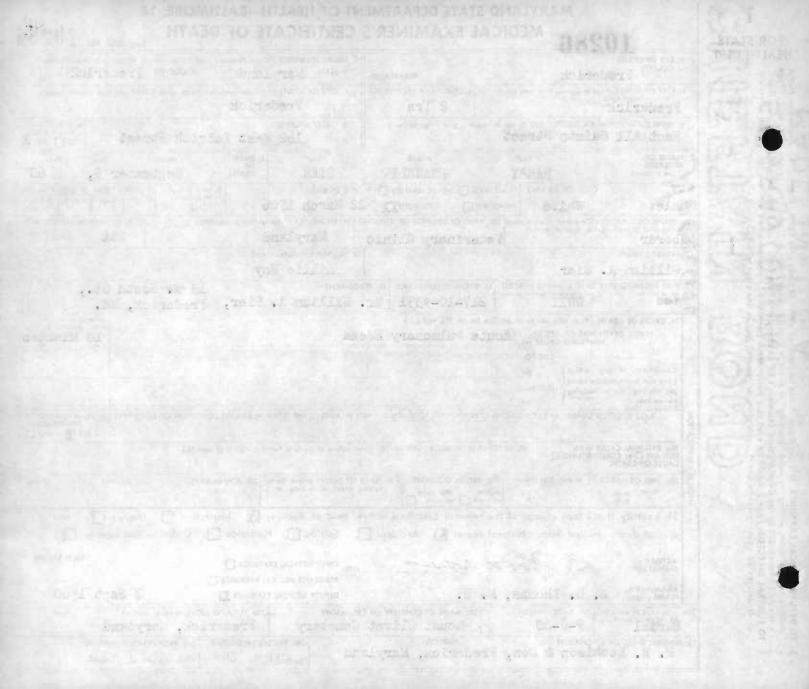
CERTIFICATE OF DEATH	SOFT
Control of the Contro	The same of the same of
Paragraph of the award of the state of the s	
AND THE PARTY OF T	ABUMAK.
TAN TO STORY OF STREET AND STREET	
STATE OF THE PROPERTY OF THE PARTY OF THE PA	
ending bill win for 7 mm, bib 31	Schools Finds (fines 1, 12)

VS. A15ME 5M 2/57

	MA	RYLAND	STATI	DEPA	RTMEN	T OF	HEALTH-	-BALTI	MORE,	18
1028	6	MEDIC	AL EX	AMIN	IER'S	CERT	IFICATE	OF D	EATH	R
			-							

Reg. Dist. No. 10284

o. COUNTY F1	rederick	MARYLAND	The second secon	Whate deceased liv	b. COUNTY Fre	ederick			
b. CITY OR TOWN		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town  Frederick						
	SPITAL OR INSTITUTION (If not in L Saints Street	hospital, give street address)	d. STREET ADDRESS	West Pati	rick Street	e. IS RESIDENCE ON A FARM? YES NO			
3. NAME OF DECEASED (Type or print)	First HARRY	Middle FRANKLIN	STER	4. DATE OF DEATH	Month September	Doy Yeor er 5, 19 60			
5. SEX	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED 8.	DATE OF BIRTH	9. At	hathata t	R TYEAR IF UNDER 24 HRS.			
Male	White wido	WED DIVORCED	22 March 190		54 yrs. Months	Days Hours Min.			
during most of we Laborer	orking life, even if retired)	b. KIND OF BUSINESS OR INDUSTR	Marylan			ITIZEN OF WHAT COUNTRY			
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME					
William	A. Sier		Lillie N	lay					
15. WAS DECEASED	(It yes, give war or dates of service)		FORMANT William A.		13 Amsout				
20g. EXTERNAL	(c)OTHER SIGNIFICANT CONDITION:	S CONTRIBUTING TO DEATH BUT NO				ART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO			
3 20c. TIME OF IN	NJURY Month, Doy, Year 20	for other	E OF INJURY (Home, formany street, office bldg., etc.	m, 20f. (City or to	wn) (C	ounty) (Stote)			
21. I certify	Hour a.m. 19 While of work of work of work of work of work work of work Not while of work of work Not work Not work Not work of work Not w								
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	B. O. Thomas,	M. D.	M.D. CHIEF MEDICAL E ASSISTANT MEDICAL DEPUTY MEDICAL	CAL EXAMINER	7 8	DATE SIGNED			
220. BURIAL, CREMA SEMOVAL Spe- BURIAL	ation, 22b. Date thereof 9-8-60	Mount Olivet			(City, town, or county)				
23. FUNERAL DIRECT		Frederick, Maryla		P 9 '60	24b. REGISTRAR'S S				



TO HOSPITA

VR A15 (4) 15M 9/59

### MARYLAND STATE DEPARTMENT OF HEALTH

10287

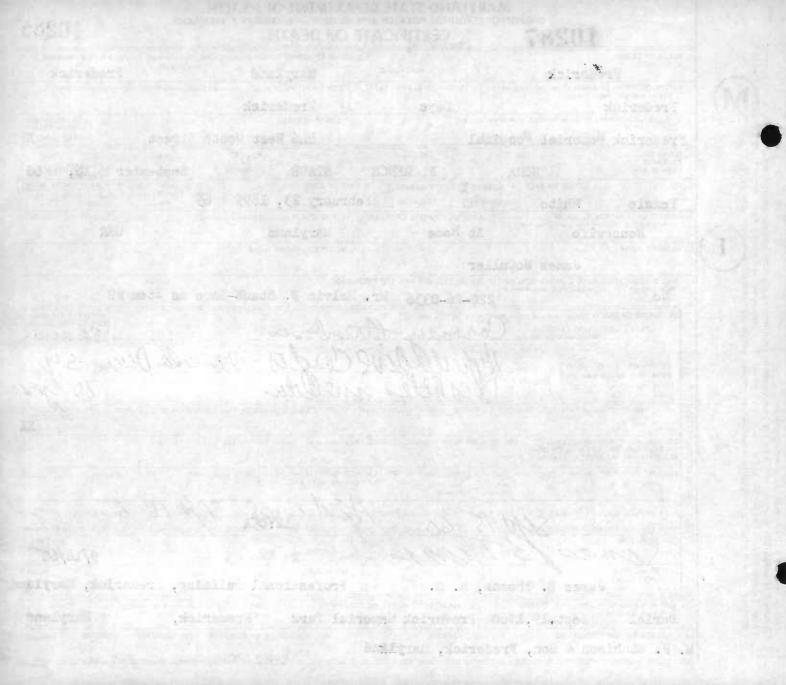
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

THE PROPERTY OF TH

10285

1. PLACE OF DEATH				2. USUAL RESID	ENCE (Where decea	sed lived. If instituti b. COUNTY	,				
	rederick		MARYLAND		aryland	B. COOI411	Fred	lerick			
b. CITY OR TOWN RURAL and give Frederic			OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Frederick							
	PITAL (If not in haspital, giv		4	d. STREET AL	DDRESS			e. IS RESIDENCE ON A FARM?			
Frederick		spital		Lile West South Street				YES NO			
3. NAME OF	First		Middle	Lost	4. DATE			ay Year			
(Type or print)	NOR	A	FLORENCE	STATE	OF		tember 16,	15% 19 60			
5. SEX	6. COLOR OR RACE	7. MARRIED NEV	ER MARRIED	B. DATE OF BIRTH		O ACE III WAR	IF UNDER 1 YEAR	R IF UNDER 24 HRS.			
Female	White	WIDOWED [	DIVORCED	February	23, 1895	lest birthday) yrs.	Manths Days	Hours Min.			
during mast of wa	ION (Give kind of work do orking life, even if retired) <b>ewife</b>	ane 10b. KIND OF B			CE (State or foreign	country)	12. CITIZEN O	OF WHAT COUNTRY?			
13. FATHER'S NAME				14. MOTHER'S	MAIDEN NAME						
	James Mc	Culler									
15. WAS DECEASED EN	VER IN U. S. ARMED FORCE		CURITY NO. 17.	NFORMANT		Add	dress				
(Yes, no or unknown)	(If yes, give wor or dates of serv	220-26-	-0336 M	. Melvin	F. Staub.	-Same as	Item #2				
Conditions, if gave rise to cause (a), statin lying cause lost	immediate g the <u>under-</u> DUE TO  (c)_ THER SIGNIFICANT COND	Hyher Jack					- Disease	15 Y SER AND DEATH  15 Y SER OF SER O			
(IF EITHER, NOTIF	JRY Month, Day, Year	r 20d. INJURY OCC While Not w	hile fe	LACE OF INJURY (Including street, office		ity or town)	(County	') (State)			
		7 15 16 The	and that	M.D. PHYS.	MED. DIRECTOR [	STAFF PHYS.	nd an the dat	hat (I) (we) last e stated abave. 22b. DATE 2/16/60 GENED K, Marylan			
23g. BURIAL, CREMAT REMOVAL (Specif	Sept .19,1		erick Mer	or crematory norial Par		CATION (City, town, ederick,	ar caunty)	Maryland			
23g. EVRIAL, CREMAT EMOVAL (Specif BULLIAL) 24. FUNERAL DIRECTO	James B. Th.  23b. DATE THEREOF  Sept. 19,1	.960 Fred	erick Mer	or CREMATORY	23d. LOC	cation (City, town, ederick, strag 25b, REG	ar caunty)	rı			



OR STATE HEALTH DEPT

PLACE OF DEATH

g. COUNTY

Frederick

b. CITY OR TOWN (If outside corporate limits, write RURAL

files. 님 r death. If any delay is 2, and 3 to the func-State ofter may be A haurs after a. Pages 1, 2, and 2 and 2 form PM3. File pages

LA	0			ć
E.	- 0	=	-	8
3	,	2	E	100
7	E	n c	pe	70
ě	Ite	Sp.	-	¢
8	61	0	200	7
xe	-	Fic	P	AO
40	nc	Ö	-	E
ā	8	67	T.	-
Sid.	2	Jer	õ	C
10	:	2	D	C
55	n g	CO	g	fic
9	ğ	ŝ	P	200
FIC	e e	6	20	9
E	:	5	w	•
Ce	2	Ae	3 6	C
. 2	50	4	3	364
F	0	e.	20	7
04	푼	Ü	20	0
ž	5	0	0	20
Ī	100	-	60	-
Y	3	0	٩	
W	0	ed	S	6
4	execute the stifficate, writing the ward "pending" in pencil in Item, 18. G	4 should be forwarded to the Chief Medical Examiner's Office along with	7	0
0	Fire	8	2	7
ā	-	20	2	4
	k	6)	0	00
1	4	ã	A	23.0
5	0)	9	53	0
9	400	0	Z	5
ã	xe	S	2	-
0	0	4	0	C
l)-m			-	
of S TO DEPUTY DICAL EXAMINER: This certificate should be executed within 2	. A	151	TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit.	
5.	M :	2/5	7	

Brunswiek d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS B.&.O.Rail Road Yards 3. NAME OF DATE Middle DECEASED Albert Berkley Stokes (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE Iln years Male White 8-26-1916 WIDOWED [ DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) B.&.O.R.R.Co West Virginia Brakeman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph H.Stokes 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DECAPITATED Canditions, if any, which gave tise to immediate couse DUE TO (a), sloting the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) of work of work O. Varda 21. I certify that I took charge of the remains described above, held an Autopsy opinion death resulted from: Natural causes . Accident ... ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** B.O. Thomas DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial 9-5-1960 23. FUNERAL DIRECTOR'S SIGNATURE Brunswick, Maryland DATE Orthur & Kroud

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) 18 Brunswick vears . IS RESIDENCE ON A FARM? 21 Petersville Road YES NO. Month Day Yeor 1960 IF UNDER TYEAR IF UNDER 24 HRS. Months Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Susan Taylor Address Bertha Stokes. Brunswick, Maryland DNSET AND DEATH PERFORMED? NO (County) (State) Brunswick Frederick Inspection .... Inquiry ... and in my Suicide . Homicide . Undetermined manner DATE SIGNED 9/2/1960 Frederick. Maryland 22d. LOCATION (City, town, or county)

instrant, have siente . no the marten Bandage , sirenate

after death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10288

10287

in he funeral director, and 2 should be filed with

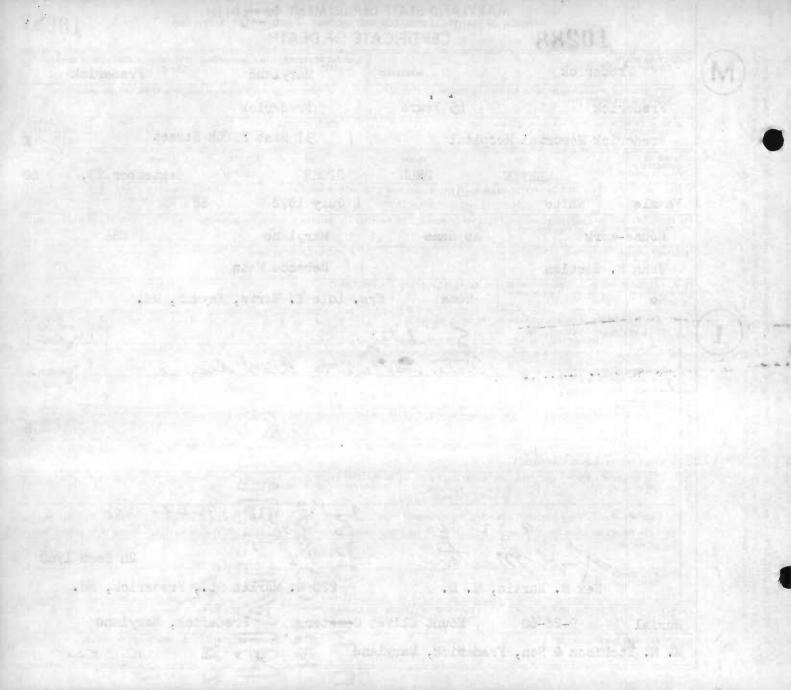
may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in event, within 72 haurs after death and

remayal, page 3 should be detached far use as the burial-transit the State Board of Health prior ta burial, cremation, or r

TO HOSPITA VR A1S (4) 1SM 9/59

1.	a. COUNTY Free	lerick	M	ARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick							
	b. CITY OR TOWN (I RURAL and give no Frederic		write c. LENGTH OF ST		c. CITY OR TOWN (IF		te limits, write R	URAL ond	give near	rest tawn	)	
	OR INSTITUTION	AL (If not in hospitol, give k Memorial I			37 Eas	st Fift	n Street				IDENCE FARM? NO	
3.	NAME OF DECEASED (Type or print)	First MERT T		idle	STORR	4. DATE OF DEATH	Mor Sept	tembe:	r 23.		9 60	
S.	Female	6. COLOR OR RACE 7.	MARRIED NEVER MA	RRIED	L July 1872	9.	AGE (In years labbirthday) yrs.	1F UNDEI Months			R 24 HRS Min.	
10	during mast af warl House-wo	ON (Give kind of work donking life, even if retired)	At Home	S OR INDUS	TRY 11. BIRTHPLACE (Stote Maryland		ntry)	-	SA	WHATC	OUNTRY	
13	John H.	Bostian			14. MOTHER'S MAIDEN Rebecca							
15		R IN U. S. ARMED FORCE: (If yes, give war or dates of service)		1	formant s. Lula I. M	artz, Ke		ress Id.				
		mmediate (	per line for (o), (b), and	lity	notre he	ent de	laling e			RVAL BE ET AND		
CERTIFICATION	PART II. OTH	HER SIGNIFICANT CONDIT			NOT RELATED TO THETERM			VEN IN PA	RT 1(a) 11	PERFO	AUTOPSY PRMED? NO	
MEDICAL CER		CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Doy, Year	20d. INJURY OCCURRED While Nat while at wark at wark		CE OF INJURY (Hame, for tary, street, affice bldg., et		ir town)	(	(County)		(Stote	
	21. I certify the	at (I) (this haspital) of sed alive an 9			eath accurred at 9A	.M, fram tl	he causes a				we) las abave	
	22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)	Rex R. Marti	Martin in, M. D.	1	ATTENDING AND ADDRESS 220 N M	AED.  DIRECTOR   arket St	STAFF PHYS.   t., Free			t 19	DATE SIGNED	
23	Burial (Specify)	9-26-60	23c. NAME OF C		crematory Cemetery		ON (City, tawn, erick, l			(Stot	e)	
24	M. R. Etch	's signature nison & Son,	Frederick,	Maryla		SEP 2 7		ISTRAR'S S	- 4 -			



### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1024 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10288 Reg. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) .. COUNTY Frederick b. COUNTY Maryland MARYLAND Frederick b. CITY OR TOWN (If outside carporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick Frederick R.F.D.4 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Frederick Memorial Hospital YES NO 3. NAME OF DECEASED Floyd First 4. DATE Fraud Lee (Type or print) Summers September DEATH 19 60 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. Months Male White July I 1938 WIDOWED | DIVORCED [7 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? farm Laborer Frederick Co. U.S.A. 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Floyed V. Summers Loretta Blickenstaff 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Hospital records 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Fractured Skull 30 hours Cerebral Edema DUE TO Congestive Heart Failure Conditions, if any which ) gave rise to immediate couse DUE TO (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TIOL 19. WAS AUTOPSY PERFORMED? YES X NO 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nont in and or structhenhim in face Piece of metal got in ensilage blower and was blown 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) factory, street, office bldg., etc.) of work X of work On farm Mr.Doubs Frederick 21. I certify that I tack charge of the remains described above, held an Autapsy XI, Inspection [7], Inquiry XI, and in my opinian death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner FORWE ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S**

22c. NAME OF CEMETERY OR CREMATORY

Mt. Dale Ch. of Breth

Thurmont, Maryland

DEPUTY MEDICAL EXAMINER September 10, 1960

Mountaindale

24b. REGISTRAR'S SIGNATURE

arthur & Krass

Maryland

22d. LOCATION (City, town, or county)

B.O. Thomas, M.D.

VS. A15ME 5M 2/57

FUNER

NAME (Type)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL CREMATION, 226. DATE THEREOF

DEPTH AND CALEXAMINER'S CERTIFICATE OF DEATH A. T. L. H. MO PHILADER A Deticated Introduction layd Semestra State Banks Fig. A TO A STATE OF THE PROPERTY OF THE PARTY OF - Boxaber Analysis . No are trade of The Later of the L to a second frame awith a not be mente de la recole aveliene de les lugare le marie, Linguistics of the second of t DATE . CANTENDED TO DE CONTROL TO THE 

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 10289

A A		10312	CERTIFICA	TE OF DEATH			
Y	0	PLACE OF DEATH  COUNTY  TREDERICE	MARYLAND	2. USUAL RESIDENCE (What a STATE	AND. b. co	WATY CEDEISI	cic
	ŀ	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	RURAL	vrite RURAL and give	nearest town)
X		d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION S NITHS BURG MD.		d. STREET ADDRESS		R·I	e. IS RESIDENCE ON A FARM? YES NO
	- [	NAME OF DECEASED (Type or print)  NARCAR  First	Middle S W E	Lost	4. DATE OF DEATH SEP	Manth T. 44 ~	Day Yeor
	S. S	6. COLOR OR RACE 7. MARR		B. DATE OF BIRTH	9. AGE (In lost birth	day) Months Do	EAR IF UNDER 24 HE
1	10a	USUAL OCCUPATION (Give kind af wark dane 10b. during most af warking life, even if retired)		TRY 11. BIRTHPLACE (State	01-10	yrs. S 1	OF WHAT COUNTR
	_	TOUSE KEEPEIZ D	MN HOWE	14. MOTHER'S MAIDEN N	1 = = 1	VIP. U.	S.A.
	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	TZEZ	FORMANT	RECORD	Address	
	(Yes	(If yes, give wor or dates of service)		LLIN MITH	IICA SM		Ca MD. R
		Canditians, if any, which gave rise to immediate cause (a), stating the under-lying cause lost.  DUE TO  DUE TO  (b)  (c)	eriosclerot:		A	-19-	6 Yrs.
C	ICATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITIO	N GIVEN IN PART 1	19. WAS AUTOPS PERFORMED? YES NO
	L CERTIFI	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	). (Enter nature of injury in 1	Port I ar Port II af item 1	8.)	
	MEDICAL	Haur a.m. While	NJURY OCCURRED 20e. PLA fac	ACE OF INJURY (Hame, form tary, street, affice bldg., etc.	20f. (City or tawn)	(Cou	nty) (Sta
100		21. I certify that (I) (this haspital) attend		12-2-57 19			, that (I) (we) lo
		saw the deceased alive an $9-4-60$	19 , and that d	eath accurred at	M, fram the cause	es and an the a	
		Charles G. Hes		ATTENDING MI	.M, fram the cause  ED. STAFF RECTOR PHYS.	The state of the s	22b. DATE 9-6-60
				M.D. ATTENDING X MI PHYS. X DI 22d. ADDRESS			22b. DATE

TO HOSPITA ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in VR A15 ( SS

ne funeral director,

THE STATE OF STATE OF STATE The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10290 FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Frederick files. Health, o. STATE Maryland Frederick MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) your tof Frederick Liamsville R.F.D.I Tife d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREE NORESS R. F. D. e. IS RESIDENCE ON A FARM? Frederick Memorial Hospital YES NOT State NAME OF Middle 4. DATE Lost Manth DECEASED AUXUXX Sent. John Weslev Tumoson (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 3. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Manths Hours 28,1901 Male Colored | WIDOWED | DIVORCED [7] Marcy 10a. USUAL OCCUPATION (Give kind at wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of warking life, even if retired) 12. CITIZEN OF WHAT COUNTRY? On Frederick County U.S.A. Laborer None pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ratchel Price George Timpson with form 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No John Timpson Jr. Ijamsville R.F.D. I 220-30-9148 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Acute Cardiac Failure PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) burial-transit Office DUE TO Cardiovascular heart disease Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying Hypertension 0 couse last OS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY psed PERFORMED? Medical NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. pino 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Nat while at work at work 21. I certify that I took charge of the remains described above, held on Autopsy 4. Inspection 19. Inquiry 19. opinion deoth resulted from: Notural couses 🏋 Accident 🗍, Suicide 🗍, Hamicide 🗍, Undetermined manner should be forwarded FUNERAL DIRECTOR designated ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER B.O. Thomas. M.D. **EXAMINER'S** September I.1960 DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 9-4-1960 St. Paul A. M. E. Church Della, Maryland 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 246. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR VS. AISME Charles E. Hicks 111. 24 W. All Saints Street DATE anthon & Kine 5M 2/57 Frederick, Maryland

THESE OF DEATH MEDICAL EXAMINER'S CENTIFICATE OF DEATH MARLEDS. TEROTHOLOGIC Harry 2 Canada and Market Harry Commen an an an I was distinguished in and Charles of them been a set better the all and

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

to the state of th The modern and the manufacture of the model defit, all cost in the little public party A CONTRACTOR OF THE PARTY OF TH de la lata de la calla a construir a dimensi di cer-se-teri subgrate authoritated in the state AND THE PROPERTY OF THE PROPER . I to the thirty to the second national with the state of the The Carlon Carlo

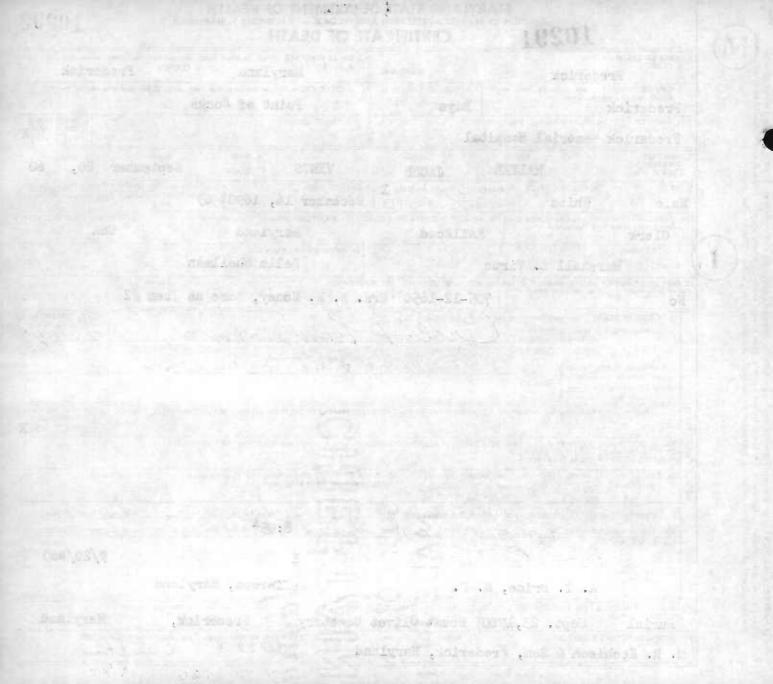
10292

ofter death. Page 4 in the funeral director

haurs after death ed by the attending primit. Then please rerayal, and in any ever

har		Ľ.	ono	
n 24		Filled	page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and	the State Board of Health prior to burial, cremation, or removal, and in any event within 72 hours after death
withi		lely	Pag	er de
ted		nple	ers.	offe
xecu		d car	pap	haurs
be e		and (	rban	72
ate		iciar	e co	rithin
rrific		phy	ema	w tue
th ce		ding	ise r	V eve
dea		tten	plec	000
t the		the c	Then	ipud
tha		by		val.
uire		gned	реги	emay
v req	cian.	en si	ansit	OF
e lav	shysi	1s be	al-tro	tion,
I: Th	ing	te ho	buri	remo
CIAN	tend	ifica	the	ial. c
IYSIC	or at	cerl	se as	bur
G P	ital	r this	מב ח	or to
NIG	hasp	Afte	hed 1	h pri
TEN	the	OR:	etac	lealt
RA	d by	RECT	pe q	of h
J	Morne	101	ping	oard
SPIT	De re	ERA	3 sh	ate B
HO	nay h	F.	age	ne St
10		10	-	-
TO HOSPITA R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau	A	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in	4)	

1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Mary)	- 1 COLL	itution: Residence before admission)  TY  Frederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Frederick	c. LENGTH OF STAY IN 16		of Rocks	te RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street or institution frederick Memorial Hosp		d. STREET ADDRESS		e. IS RESIDENCE ON A FARMA YES NO 2
3. NAME OF First DECEASED (Type or print) WALTER	Middle JACOB	VIRTS		eptember 20, 60
36 3 907 44 .	ARRIED NEVER MARRIED   DIVORCED   DIVORCED	B. DATE OF BIRTH December 16,	1890 9. AGE (In yes	ars IF UNDER 1 YEAR IF UNDER 24 HR (Y) Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 1 during most of working life, even if retired)  Clerk	Ob. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote Mary		12. CITIZEN OF WHAT COUNTR'
3. FATHER'S NAME  Marshall L. Viri	ts	14. MOTHER'S MAIDEN N	a Shellman	
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)		s. N. W. Mane		Address tem #2
18. CAUSE OF DEATH [Enter only one couse pe PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate cause (a), stoting the under- lying couse lost.  (c)	er the ford), (b), and (c).]	Junear Drewe	shay &	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	ns <u>contributing to death</u> but Describe how injury occurrei			PERFORMED?
20c. TIME OF INJURY Month, Doy, Year 20c Hour o. m. Wh		ACE OF INJURY (Home, farm, tory, street, office bldg., etc.	20f. (City or town)	(County) (Stot
21. I certify that (I) (this hospital) attestions aw the deceased alive on 220. SIGNATURE	. / /		7. to 9/2 M, from the couses	ond on the dote stated above
22c. PHYSICIAN'S NAME (Type) A. T. Brice,		22d. ADDRESS	D. STAFF PHYS.   rson, Maryla	9/20/ <b>360</b> <sup>GNE</sup>
23d. BURIAL, CREMATION, REMOVAL (Specify) Sept. 23,19			23d. LOCATION (City, tow Frederick,	vn, or county) (Stote) Maryland
M. R. Etchison & Son, Fr	rederick, Maryla	nd 250. REC'DATE	0 0 100	EGISTRAR'S SIGNATURE Dilhur S. Krana



10292 CERTIFICATE OF DEATH

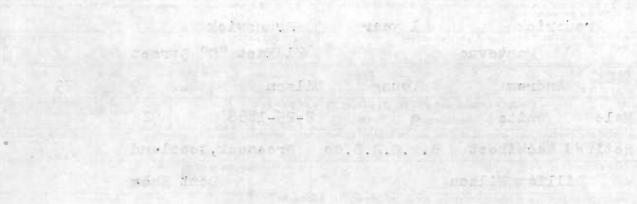
MARYLAND STATE DEPARTMENT OF HEALTH

10293

					1 121 13 6		7-0-0	Street Control				
	1. PLACE OF DEATH a. COUNTY	Frederi	ek	MARYI			Mary		b. COUNTY	rian: Residence		
	b. CITY OR TOWN (II RURAL and give ne	outside corporate limi orest tawn)	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR T	OWN (If o	autside carpo	rote limits, write	RURAL and gi	ve nearest ta	wn)
-	Freder			l year		Brun		k		5		
4	OR INSTITUTION	Montevu		ddress)		d. STREET A		c" St	reet	1	ON	ESIDENCE A FARM?
	3. NAME OF DECEASED (Type or print) AI	idr <b>u</b> w	st	Young	Wi	lson		4. DATE OF DEATH	9	nth 23	Day 3	Yeor 1900
1	s. sex	6. COLOR OR RACE White	7. MARRII	DIVORCED		-25-1	- 1 10		9. AGE (In years birthdoy) yrs	Manths [	YEAR IF UN Days Haur	
	ROUTE OCCUPATION	N (Give kind of work ing life, eyen if retired	1	& ORR				or foreign co	_		EN OF WHA	COUNTRY
1	13. FATHER'S NAME	111				14. MOTHER'S	MAIDEN	NAME				
	Will	liam Wils	on				- 1	Dont	Kndw			
Ī	IS. WAS DECEASED EVEL	R IN U. S. ARMED FOR		OCIAL SECURITY NO.						dress		
	(Yes, go or unknown)	, yes, give war ar care ar	,		Mrs	.Paul	V.SI	mk th	Bruns	viek, h	Id.	1.80
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	O C	for (o), (b), and (c).]	,	ufac	asdi	ites.			INTERVAL ONSET AN	
1	Conditions, if a	ny, which ) (b	1									
	gove rise to it cause (a), stating lying cause lost.	nmediate (	-	Semilit	+				W 13-1			
1		IER SIGNIFICANT CON	IDITIONS CO	ONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO	THE TERM	INAL DISEAS	E CONDITION G	VEN IN PART	1(a) 19. WA	S AUTOPSY
1	PART II. OTH											FORMED?
	OR CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRED. (	Enter noture a	f injury in	Port I or Por	t II of item 18.)			
	20c. TIME OF INJUR Haur a. m. p. m.	19	While at wark	Nat while at wark	foctar	OF INJURY (I y, street, office			ar tawn)	(Cc	ounty)	(Stote
	21. I certify tha	t (I) (this haspital	l) attende	the deceased	from	may		12.to	11	2, 196		
	22a. SIGNATURE	& Let dal	ine	SETTED OF CHA	M.I	ATTENDING		ED.	STAFF PHYS.	5		22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	H.F.K	11N.	E M	D	22d. ADDRE	Ma	165	ST F	denes	Tres	1,
	230. BURIAL, CREMATIO REMOVAL (Specify) Burial	9-25-1		23c. NAME OF CEME	ETERY OR C	REMATORY			tion (City, tawn,			tote)
	24. FUNERAL DIRECTOR	SIGNATURE		ADDRESS			25a. REC	D BY REGIST		ISTRAR'S SIG	NATURE	
	12. hu ?	relle	Brun	swick, Mar	ylan	d	DATSE	P 2 6 '60	) Ch	Chung 8 A	Gonza	100

VR A15 (4) 15M 9/59

ng Sungaber in the Constraint of the Constraint



.b. . manage, to least Mar. you

The state of the s

VS. A1SME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10314 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10294

Reg. Dist. No.

1. PLACE OF DEATH	rick	MARYLA	O. STATE	Maryland	eased lived. If institu b. COUNT		
b. CITY OR TOW and give nearest	N (If outside corporate limits, write RURAL town)	c. LENGTH OF STAY IN	c. CITY OR	TOWN (If outside of	orporate limits, write		earest town)
R.F.D.	#1. Adamstown		d. STREET	D. # 1,	Adamsto	own	e, IS RESIDENCE
Rural R			U. STREET	Rural		and a	YES NO TO
3. NAME OF DECEASED (Type or print)	Leroy Jose	Middle	Wol		Montl H 9	h Doy	Yeor 1960
5. SEX		ARRIED NEVER MARRIED			9. AGE (In years	IFUNDER TYEAR	
Male	Colored wind	OWED DIVORCED	3/26/	1914	46 yrs.	Months Days	Hours Min.
100. USUAL OCCUP during most of we Laborer 13. FATHER'S NAMI		Db. KIND OF BUSINESS OR IN	Fred	ACE (Stote or foreign  lerick Co  MAIDEN NAME			F WHAT COUNTRY?
Harry	Charles Wolfe				aline Wo	lfe Sner	2002
15. WAS DECEASED	EVER IN U. S. ARMED FORCES?	The state of the s	17. INFORMANT	2210	Address		4002
No No	(If yes, give war at dates of service)	Unknown	Police	Records			
	DEATH [Enter only one cause per	line for (a), (b), and (c).]					RVAL BETWEEN ET AND DEATH
PART I.	DEATH WAS CAUSED BY:	3rd. degre	e burns			-	linutes
gove rise to in	t ony, which (b) (b) nmediate couse (b) DUE TO (c)						
PART II.	OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISE	ASE CONDITION GIV		P. WAS AUTOPSY PERFORMED YES NO
	CONTRIBUTING []	cribe how injury occurrine caught on		njury in Port I or Part	If of item 18.)		•
20c. TIME OF II	-n.	Not while Not while of work of ot-work	PLACE OF INJURY ( fectory, street, office Home	bldg., etc.)	amstown?	Frede	rick Md.
	that I took charge of the transition of the tran			Autopsy [], e [], Homicia	Inspection <b>X</b> , de <b>_</b> , Undete	, Inquiry 🔀 ermined monne	
ACTUAL SIGNATURE_	Bother	neis	M.D.	MEDICAL EXAMINER			DATE SIGNED
EXAMINER'S NAME (Type)	B. O. Thomas	, M. D.		MEDICAL EXAMINE		9,	/14/1960
220. BURIAL, CREM REMOVAL (Spe Burial	ATION, 22b. DATE THEREOF Sept. 17-60	St. Pauls	A .M .E.		la Fred.	27.3	(State)
23. FUNERAL DIRECT		ick, Maryland	e	240. REC'D BY REG		STRAR'S SIGNATU	

				,
Lorest				L ven Iousi
	· firm		den al social	200
		E-		
Ar I low , governou man			no. No. P. Comp.	
the Wood of the Same			olion soin	
ui rizor		n-ook		7
		ACTION IN		
			La Stanton	
				*

.